FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 3-RC-281879	Date Filed 8/25/2021

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE -** A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer:	2b. Address(es) of Establishment(s) involved *(Street and number, City, State, ZIP code):*
Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services	825 White Spruce Boulevard Rochester, NY 14623
3a. Employer Representative - Name and Title: Sheryl Valente	3b. Address *(if same as 2b - state same):* same

3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
585-424-1277	585-755-9314		sheryl.valente@pathwaysvets.com

4a. Type of Establishment *(Factory, mine, wholesaler, etc.)*	4b. Principal Product or Service	5a. City and State where unit is located:
veterinary hospital	animal care	Rochester, NY

5b. Description of Unit Involved:
Included:
All full-time and regular part-time employees.

Excluded:
Managers, supervisors, veterinarians, and guards

6a. Number of Employees in Unit: 146

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) today and Employer declined recognition on or about (Date) no reply (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent *(If none, so state)*	8b. Address:
none	

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address

8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any *(Month, Day, Year)*

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of Labor Organization) _____, has picketed the Employer since *(Month, Day, Year)* _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. *(If none, so state)*
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
Friday, September 10, 2021	5:00-7:30 a.m. and 3:30-5:30 p.m.	Duncan Center/conference room

12a. Full Name of Petitioner *(including local name and number):*	12b. Address *(street and number, city, State and ZIP code):*
International Association of Machinists and Aerospace Workers	9000 Machinists Place Upper Marlboro, MD 20772

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent *(if none, so state):*
International Association of Machinists and Aerospace Workers

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
(301) 967-4510			

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:	13b. Address *(street and number, city, State and ZIP code):*
William H. Haller Associate General Counsel	9000 Machinists Place Upper Marlboro, MD 20772

13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
(301) 967-4510			whaller@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name *(Print)*	Signature	Title	Date
William H. Haller	W. S. Haller	Associate General Counsel	8/25/2021

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 3
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

Agency Website: www.nlrb.gov
Telephone: (716)551-4931
Fax: (716)551-4972

Download
NLRB
Mobile App

August 25, 2021

URGENT

William H. Haller, Associate General Counsel
International Association of Machinists and Aerospace Workers
9000 Machinists Place, Suite 202
Upper Marlboro, MD 20772-2687

Re: Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services
Case 03-RC-281879

Dear Mr. Haller:

The enclosed petition that you filed with the National Labor Relations Board (NLRB) has been assigned the above case number. This letter tells you how to contact the Board agent who will be handling this matter; explains your obligation to provide the originals of the showing of interest and the requirement that you complete and serve a Responsive Statement of Position form in response to each timely filed and served Statement(s) of Position; notifies you of a hearing; describes the employer's obligation to post and distribute a Notice of Petition for Election, complete a Statement of Position and provide a voter list; requests that you provide certain information; notifies you of your right to be represented; and discusses some of our procedures including how to submit documents to the NLRB.

Investigator: This petition will be investigated by Field Examiner Michael Dahlheimer whose telephone number is (716)398-7008. The Board agent will contact you shortly to discuss processing the petition. If you have any questions, please do not hesitate to call the Board agent. The Board agent may also contact you and the other party or parties to schedule a conference meeting or telephonic or video conference for some time before the close of business the day following receipt of the final Responsive Statement(s) of Position. This will give the parties sufficient time to determine if any issues can be resolved prior to hearing or if a hearing is necessary. If the agent is not available, you may contact Acting Regional Director LINDA M. LESLIE whose telephone number is (716)398-7017. If appropriate, the NLRB attempts to schedule an election either by agreement of the parties or by holding a hearing and then directing an election.

Showing of Interest: If the Showing of Interest you provided in support of your petition was submitted electronically or by fax, the original documents which constitute the Showing of Interest containing handwritten signatures must be delivered to the Regional office within **2 business days**. If the originals are not received within that time the Region will dismiss your petition.

Notice of Hearing: Enclosed is a Notice of Representation Hearing to be conducted at **10:00 a.m.** on **Wednesday, September 15, 2021 via a Zoom videoconference call,** if the parties do not voluntarily agree to an election. If a hearing is necessary, the hearing will run on consecutive days until concluded unless the regional director concludes that extraordinary circumstances warrant otherwise. Before the hearing begins, we will continue to explore potential areas of agreement with the parties in order to reach an election agreement and to eliminate or limit the costs associated with formal hearings.

Upon request of a party showing good cause, the regional director may postpone the hearing. A party desiring a postponement should make the request to the regional director in writing, set forth in detail the grounds for the request, and include the positions of the other parties regarding the postponement. E-Filing the request is required. A copy of the request must be served simultaneously on all the other parties, and that fact must be noted in the request.

Posting and Distribution of Notice: The Employer must post the enclosed Notice of Petition for Election by September 1, 2021 in conspicuous places, including all places where notices to employees are customarily posted. If it customarily communicates electronically with its employees in the petitioned-for unit, it must also distribute the notice electronically to them. The Employer must maintain the posting until the petition is dismissed or withdrawn or this notice is replaced by the Notice of Election. Failure to post or distribute the notice may be grounds for setting aside the election if proper and timely objections are filed.

Statement of Position: In accordance with Section 102.63(b) of the Board's Rules, the Employer is required to complete the enclosed Statement of Position form, have it signed by an authorized representative, and file a completed copy with any necessary attachments, with this office and serve it on all parties named in the petition by **noon Eastern Time** on September 7, 2021. The Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the Employer contends that the proposed unit is inappropriate, it must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The Employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit.

Required Responsive Statement of Position (RSOP): In accordance with Section 102.63(b) of the Board's Rules, following timely filing and service of a Statement of Position, the petitioner is required to complete the enclosed Responsive Statement of Position form addressing issues raised in any Statement(s) of Position. The petitioner must file a complete, signed RSOP in response to all other parties' timely filed and served Statement of Position, with all required attachments, with this office and serve it on all parties named in the petition such that it is received by them by **noon Eastern Time** on September 10, 2021. This form solicits information that will facilitate entry into election agreements or streamline the pre-election hearing if the parties are unable to enter into an election agreement. **This form must be e-Filed, but unlike other e-Filed documents, will not be timely if filed on the due date but after noon**

Eastern Time. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent named above.

Failure to Supply Information: Failure to supply the information requested by the RSOP form may preclude you from litigating issues under Section 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§ 102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

Voter List: If an election is held in this matter, the Employer must transmit to this office and to the other parties to the election, an alphabetized list of the full names and addresses of all eligible voters, including their shifts, job classifications, work locations, and other contact information including available personal email addresses and available personal home and cellular telephone numbers. Usually, the list must be furnished within 2 business days of the issuance of the Decision and Direction of Election or approval of an election agreement. The list must be electronically filed with the Region and served electronically on the other parties. To guard against potential abuse, this list may not be used for purposes other than the representation proceeding, NLRB proceedings arising from it or other related matters.

Under existing NLRB practice, an election is not ordinarily scheduled for a date earlier than 10 days after the date when the Employer must file the voter list with the Regional Office. However, a petitioner and/or union entitled to receive the voter list may waive all or part of the 10-day period by executing Form NLRB-4483, which is available on the NLRB's website or

from an NLRB office. A waiver will not be effective unless all parties who are entitled to the voter list agree to waive the same number of days.

Information Needed Now: Please submit to this office, as soon as possible, the following information needed to handle this matter:

(a) The correct name of the Union as stated in its constitution or bylaws.

(b) A copy of any existing or recently expired collective-bargaining agreements, and any amendments or extensions, or any recognition agreements covering any employees in the petitioned-for unit.

(c) If potential voters will need notices or ballots translated into a language other than English, the names of those languages and dialects, if any.

(d) The name and contact information for any other labor organization (union) claiming to represent or have an interest in any of the employees in the petitioned-for unit and for any employer who may be a joint employer of the employees in the proposed unit. Failure to disclose the existence of an interested party may delay the processing of the petition.

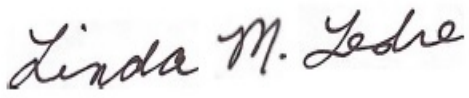
Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before the NLRB. In view of our policy of processing these cases expeditiously, if you wish to be represented, you should obtain representation promptly. Your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If someone contacts you about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the NLRB. Their knowledge regarding this matter was obtained only through access to information that must be made available to any member of the public under the Freedom of Information Act.

Procedures: Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site (www.nlrb.gov). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its determinations solely based on the documents and evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the petition.

Information about the NLRB and our customer service standards is available on our website, www.nlrb.gov, or from an NLRB office upon your request. We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,



LINDA M. LESLIE
Acting Regional Director

Enclosures

1. Petition
2. Notice of Petition for Election (Form 5492)
3. Notice of Representation Hearing
4. Description of Procedures in Certification and Decertification Cases (Form 4812)
5. Statement of Position form and Commerce Questionnaire (Form 505)
6. Responsive Statement of Position (Form 506)

Form NLRB-5492
(Rev: 12-2015)

National Labor Relations Board

NOTICE OF PETITION FOR ELECTION

This notice is to inform employees that International Association of Machinists and Aerospace Workers has filed a petition with the National Labor Relations Board (NLRB), a Federal agency, in Case 03-RC-281879 seeking an election to become certified as the representative of the employees of Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services in the unit set forth below:

Included: All full-time and regular part-time employees. Excluded: Managers, supervisors, veterinarians, and guards.

This notice also provides you with information about your basic rights under the National Labor Relations Act, the processing of the petition, and rules to keep NLRB elections fair and honest.

YOU HAVE THE RIGHT under Federal Law

- **To self-organization**
- **To form, join, or assist labor organizations**
- **To bargain collectively through representatives of your own choosing**
- **To act together for the purposes of collective bargaining or other mutual aid or protection**
- **To refuse to do any or all of these things unless the union and employer, in a state where such agreements are permitted, enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustments).**

PROCESSING THIS PETITION

Elections do not necessarily occur in all cases after a petition is filed. NO FINAL DECISIONS HAVE BEEN MADE YET regarding the appropriateness of the proposed unit or whether an election will be held in this matter. If appropriate, the NLRB will first see if the parties will enter into an election agreement that specifies the method, date, time, and location of an election and the unit of employees eligible to vote. If the parties do not enter into an election agreement, usually a hearing is held to receive evidence on the appropriateness of the unit and other issues in dispute. After a hearing, an election may be directed by the NLRB, if appropriate.

IF AN ELECTION IS HELD, it will be conducted by the NLRB by secret ballot and Notices of Election will be posted before the election giving complete details for voting.

ELECTION RULES

The NLRB applies rules that are intended to keep its elections fair and honest and that result in a free choice. If agents of any party act in such a way as to interfere with your right to a free election, the election can be set aside by the NLRB. Where appropriate the NLRB provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

The following are examples of conduct that interfere with employees' rights and may result in setting aside the election:

- **Threatening loss of jobs or benefits by an employer or a union**
- **Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises**
- **An employer firing employees to discourage or encourage union activity or a union causing them to be fired to encourage union activity**
- **Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or, if the election is conducted by mail, from the time and date the ballots are scheduled to be sent out by the Region until the time and date set for their return**
- **Incitement by either an employer or a union of racial or religious prejudice by inflammatory appeals**
- **Threatening physical force or violence to employees by a union or an employer to influence their votes**

Please be assured that IF AN ELECTION IS HELD, every effort will be made to protect your right to a free choice under the law. Improper conduct will not be permitted. All parties are expected to cooperate fully with the NLRB in maintaining basic principles of a fair election as required by law. The NLRB as an agency of the United States Government does not endorse any choice in the election.

For additional information about the processing of petitions, go to www.nlrb.gov or contact the NLRB at (716)551-4931.

THIS IS AN OFFICIAL GOVERNMENT NOTICE AND MUST NOT BE DEFACED BY ANYONE. IT MUST REMAIN POSTED WITH ALL PAGES SIMULTANEOUSLY VISIBLE UNTIL REPLACED BY THE NOTICE OF ELECTION OR THE PETITION IS DISMISSED OR WITHDRAWN.

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services **Employer** **and** **International Association of Machinists and Aerospace Workers** **Petitioner**	**Case 03-RC-281879**

NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 10:00 a.m. on **Wednesday, September 15, 2021** and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located at via Zoom videoconference call, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than **noon** Eastern time on September 07, 2021**.** Following timely filing and service of a Statement of Position by Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, the Petitioner must complete its Responsive Statement of Position(s) responding to the issues raised in the Employer's and/or Union's Statement of Position and file them and all attachments with the Regional Director and serve them on the parties named in the petition such they are received by them no later than **noon** Eastern on September 10, 2021.

Pursuant to Section 102.5 of the Board's Rules and Regulations, all documents filed in cases before the Agency must be filed by electronically submitting (E-Filing) through the Agency's website (www.nlrb.gov), unless the party filing the document does not have access to the means for filing electronically or filing electronically would impose an undue burden. Documents filed by means other than E-Filing must be accompanied by a statement explaining why the filing party does not have access to the means for filing electronically or filing

electronically would impose an undue burden. Detailed instructions for using the NLRB's E-Filing system can be found in the E-Filing System User Guide

The Statement of Position and Responsive Statement of Position must be E-Filed but, unlike other E-Filed documents, must be filed by **noon** Eastern on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position and Responsive Statement of Position are not required to be filed. If an election agreement is signed by all parties and returned to the Regional office after the due date of the Statement of Position but before the due date of the Responsive Statement of Position, the Responsive Statement of Position is not required to be filed.

Dated: August 25, 2021

/s/Linda M. Leslie

LINDA M. LESLIE
ACTING REGIONAL DIRECTOR
NATIONAL LABOR RELATIONS BOARD
REGION 03
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services **Employer** **and** **International Association of Machinists and Aerospace Workers** **Petitioner**	**Case 03-RC-281879**

AFFIDAVIT OF SERVICE OF: Petition dated August 25, 2021**, Notice of Representation Hearing dated** August 25, 2021**, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on August 25, 2021, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

Sheryl Valente
Pathway Vet Alliance, LLC, Veterinary
Specialists & Emergency Services
825 White Spruce Boulevard
Rochester, NY 14623
sheryl.valente@pathwaysvets.com

William H. Haller, Associate General Counsel
International Association of Machinists and
Aerospace Workers
9000 Machinists Place, Suite 202
Upper Marlboro, MD 20772-2687
whaller@iamaw.org
Fax: (301)967-4594

August 25, 2021
Date

Andrea Seyfried, Designated Agent of NLRB
Name

/s/ Andrea Seyfried
Signature

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

DESCRIPTION OF REPRESENTATION CASE PROCEDURES IN CERTIFICATION AND DECERTIFICATION CASES

The National Labor Relations Act grants employees the right to bargain collectively through representatives of their own choosing and to refrain from such activity. A party may file an RC, RD or RM petition with the National Labor Relations Board (NLRB) to conduct a secret ballot election to determine whether a representative will represent, or continue to represent, a unit of employees. An **RC** petition is generally filed by a union that desires to be certified as the bargaining representative. An **RD** petition is filed by employees who seek to remove the currently recognized union as the bargaining representative. An **RM** petition is filed by an employer who seeks an election because one or more individuals or unions have sought recognition as the bargaining representative, or based on a reasonable belief supported by objective considerations that the currently recognized union has lost its majority status. This form generally describes representation case procedures in RC, RD and RM cases, also referred to as certification and decertification cases.

Right to be Represented – Any party to a case with the NLRB has the right to be represented by an attorney or other representative in any proceeding before the NLRB. A party wishing to have a representative appear on its behalf should have the representative complete a Notice of Appearance (Form NLRB-4701), and E-File it at www.nlrb.gov or forward it to the NLRB Regional Office handling the petition as soon as possible.

Filing and Service of Petition – A party filing an RC, RD or RM petition is required to serve a copy of its petition on the parties named in the petition along with this form and the Statement of Position form. The petitioner files the petition with the NLRB, together with (1) a certificate showing service of these documents on the other parties named in the petition, and (2) a showing of interest to support the petition. The showing of interest is not served on the other parties.

Notice of Hearing – After a petition in a certification or decertification case is filed with the NLRB, the NLRB reviews the petition, certificate of service, and the required showing of interest for sufficiency, assigns the petition a case number, and promptly sends letters to the parties notifying them of the Board agent who will be handling the case. In most cases, the letters include a Notice of Representation Hearing. Except in cases presenting unusually complex issues, this pre-election hearing is set for a date 14 business days (excluding weekends and federal holidays) from the date of service of the notice of hearing. Once the hearing begins, it will continue day to day until completed absent extraordinary circumstances. The Notice of Representation Hearing also sets the due date for filing and serving the Statement(s) of Position and the Responsive Statement of Position(s). Included with the Notice of Representation Hearing are the following: (1) copy of the petition, (2) this form, (3) Statement of Position for non-petitioning parties, (4) petitioner's Responsive Statement of Position, (5) Notice of Petition for Election, and (6) letter advising how to contact the Board agent who will be handling the case and discussing those documents.

Hearing Postponement: Requests to postpone the hearing are not routinely granted, but the regional director may postpone the hearing for good cause. A party wishing to request a postponement should make the request in writing and set forth in detail the grounds for the request. The request should include the positions of the other parties regarding the postponement. The request must be filed electronically ("E-Filed") on the Agency's website (www.nlrb.gov) by following the instructions on the website. A copy of the request must be served simultaneously on all the other parties, and that fact must be noted in the request.

Statement of Position Form and List(s) of Employees – The Statement of Position form solicits commerce and other information that will facilitate entry into election agreements or streamline the pre-election hearing if the parties are unable to enter into an election agreement. In an **RC** or **RD** case, as part of its Statement of Position form, the employer also provides a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit. If the employer contends that the proposed unit is not appropriate, the employer must separately list the same information for all individuals that the employer contends must be added to the proposed unit to make it an appropriate unit, and must further indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional

form for the list is provided on the NLRB website at www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx

Ordinarily the Statement of Position must be filed with the Regional Office and served on the other parties such that it is received by them by noon 8 business days from the issuance of the Notice of Hearing. The regional director may postpone the due date for filing and serving the Statement of Position for good cause. The Statement of Position form must be E-Filed but, unlike other E-Filed documents, will not be timely if filed on the due date but after noon in the time zone of the Region where the petition is filed. Consequences for failing to satisfy the Statement of Position requirement are discussed on the following page under the heading "Preclusion." A request to postpone the hearing will not automatically be treated as a request for an extension of the Statement of Position due date. If a party wishes to request both a postponement of the hearing and a postponement of the Statement of Position due date, the request must make that clear and must specify the reasons that postponements of both are sought.

Responsive Statement of Position – Petitioner's Responsive Statement(s) of Position solicits a response to the Statement(s) of Position filed by the other parties and further facilitates entry into election agreements or streamlines the preelection hearing. A petitioner must file a Responsive Statement of Position in response to each party's Statement of Position addressing each issue in each Statement of Position(s), if desired. In the case of an RM petition, the employer-petitioner must also provide commerce information and file and serve a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit. Ordinarily, the Responsive Statement of Position must be electronically filed with the Regional Office and served on the other parties such that it is received by noon 3 business days prior to the hearing. The regional director may postpone the due date for filing and serving the Responsive Statement of Position for good cause. The Responsive Statement of Position form must be E-Filed but, unlike other E-Filed documents, will not be timely if filed on the due date but after noon in the time zone of the Region where the petition is filed. Consequences for failing to satisfy the Responsive Statement of Position requirement are discussed on the following page under the heading "Preclusion." A request to postpone the hearing will not automatically be treated as a request for an extension of the Responsive Statement of Position due date. If a party wishes to request both a postponement of the hearing and a Postponement of the Responsive Statement of Position due date, the request must make that clear and must specify the reasons that postponements of both are sought.

Posting and Distribution of Notice of Petition for Election – Within 5 business days after service of the notice of hearing, the employer must post the Notice of Petition for Election in conspicuous places, including all places where notices to employees are customarily posted, and must also distribute it electronically to the employees in the petitioned-for unit if the employer customarily communicates with these employees electronically. The employer must maintain the posting until the petition is dismissed or withdrawn, or the Notice of Petition for Election is replaced by the Notice of Election. The employer's failure properly to post or distribute the Notice of Petition for Election may be grounds for setting aside the election if proper and timely objections are filed.

Election Agreements – Elections can occur either by agreement of the parties or by direction of the regional director or the Board. Three types of agreements are available: (1) a Consent Election Agreement (Form NLRB-651); (2) a Stipulated Election Agreement (Form NLRB-652); and (3) a Full Consent Agreement (Form NLRB-5509). In the Consent Election Agreement and the Stipulated Election Agreement, the parties agree on an appropriate unit and the method, date, time, and place of a secret ballot election that will be conducted by an NLRB agent. In the Consent Agreement, the parties also agree that post-election matters (election objections or determinative challenged ballots) will be resolved with finality by the regional director; whereas in the Stipulated Election Agreement, the parties agree that they may request Board review of the regional director's post-election determinations. A Full Consent Agreement provides that the regional director will make final determinations regarding all pre-election and post-election issues.

Hearing Cancellation Based on Agreement of the Parties – The issuance of the Notice of Representation Hearing does not mean that the matter cannot be resolved by agreement of the parties. On the contrary, the NLRB encourages prompt voluntary adjustments and the Board agent assigned to the case will work with the parties to enter into an election agreement, so the parties can avoid the time and expense of participating in a hearing.

Hearing – A hearing will be held unless the parties enter into an election agreement approved by the regional director or the petition is dismissed or withdrawn.

***Purpose of Hearing*:** The primary purpose of a pre-election hearing is to determine if a question of representation exists. A question of representation exists if a proper petition has been filed concerning a unit

appropriate for the purpose of collective bargaining or, in the case of a decertification petition, concerning a unit in which a labor organization has been certified or is being currently recognized by the employer as the bargaining representative.

***Issues at Hearing*:** Issues that might be litigated at the pre-election hearing include: jurisdiction; labor organization status; bars to elections; unit appropriateness; expanding and contracting unit issues; inclusion of professional employees with nonprofessional employees; seasonal operation; potential mixed guard/non-guard unit; and eligibility formulas. At the hearing, the timely filed Statement of Position and Responsive Statement of Position(s) will be received into evidence. The hearing officer will not receive evidence concerning any issue as to which the parties have not taken adverse positions, except for evidence regarding the Board's jurisdiction over the employer and evidence concerning any issue, such as the appropriateness of the proposed unit, as to which the regional director determines that record evidence is necessary.

***Preclusion*:** At the hearing, a party will be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or Responsive Statement of Position(s) or to place in dispute in timely response to another party's Statement of Position or response, except that no party will be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. As set forth in §102.66(d) of the Board's rules, if the employer fails to timely furnish the lists of employees, the employer will be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

***Conduct of Hearing*:** If held, the hearing is usually open to the public and will be conducted by a hearing officer of the NLRB. Any party has the right to appear at any hearing in person, by counsel, or by other representative, to call, examine, and cross-examine witnesses, and to introduce into the record evidence of the significant facts that support the party's contentions and are relevant to the existence of a question of representation. The hearing officer also has the power to call, examine, and cross-examine witnesses and to introduce into the record documentary and other evidence. Witnesses will be examined orally under oath. The rules of evidence prevailing in courts of law or equity shall not be controlling. Parties appearing at any hearing who have or whose witnesses have disabilities falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.503, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.503, should notify the regional director as soon as possible and request the necessary assistance.

***Official Record*:** An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. (Copies of exhibits should be supplied to the hearing officer and other parties at the time the exhibit is offered in evidence.) All statements made at the hearing will be recorded by the official reporter while the hearing is on the record. If a party wishes to make off-the-record remarks, requests to make such remarks should be directed to the hearing officer and not to the official reporter. After the close of the hearing, any request for corrections to the record, either by stipulation or motion, should be forwarded to the regional director.

***Motions and Objections*:** All motions must be in writing unless stated orally on the record at the hearing and must briefly state the relief sought and the grounds for the motion. A copy of any motion must be served immediately on the other parties to the proceeding. Motions made during the hearing are filed with the hearing officer. All other motions are filed with the regional director, except that motions made after the transfer of the record to the Board are filed with the Board. If not E-Filed, an original and two copies of written motions shall be filed. Statements of reasons in support of motions or objections should be as concise as possible. Objections shall not be deemed waived by further participation in the hearing. On appropriate request, objections may be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

***Election Details*:** Prior to the close of the hearing the hearing officer will: (1) solicit the parties' positions (but will not permit litigation) on the type, date(s), time(s), and location(s) of the election and the eligibility period; (2) solicit the name, address, email address, facsimile number, and phone number of the employer's on-site representative to whom the regional director should transmit the Notice of Election if an election is directed; (3) inform the parties that the regional director will issue a decision as soon as practicable and will immediately transmit the document to the parties and their designated representatives by email, facsimile, or by overnight mail (if neither an email address nor facsimile number was provided); and (4) inform the parties of their obligations if the director directs an election and of the time for complying with those obligations.

***Oral Argument and Briefs*:** Upon request, any party is entitled to a reasonable period at the close of the hearing for oral argument, which will be included in the official transcript of the hearing. At any time before the close of the hearing, any party may file a memorandum addressing relevant issues or points of law. Post-hearing briefs shall be due within 5 business days of the close of the hearing. The hearing officer may allow up to 10 additional business days for such briefs prior to the close of hearing and for good cause. If filed, copies of the memorandum or brief shall be served on all other parties to the proceeding and a statement of such service shall be filed with the memorandum or brief. No reply brief may be filed except upon special leave of the regional director. Briefs including electronic documents, filed with the Regional Director must be formatted as double-spaced in an 8½ by 11 inch format and must be e-filed through the Board's website, www.nlrb.gov.

Regional Director Decision - After the hearing, the regional director issues a decision directing an election, dismissing the petition or reopening the hearing. A request for review of the regional director's pre-election decision may be filed with the Board at any time after issuance of the decision until 10 business days after a final disposition of the proceeding by the regional director. Accordingly, a party need not file a request for review before the election in order to preserve its right to contest that decision after the election. Instead, a party can wait to see whether the election results have mooted the basis of an appeal. The Board will grant a request for review only where compelling reasons exist therefor.

Voter List – The employer must provide to the regional director and the parties named in the election agreement or direction of election a list of the full names, work locations, shifts, job classifications, and contact information (including home addresses, available personal email addresses, and available home and personal cellular (''cell'') telephone numbers) of all eligible voters. (In construction industry elections, unless the parties stipulate to the contrary, also eligible to vote are all employees in the unit who either (1) were employed a total of 30 working days or more within the 12 months preceding the election eligibility date or (2) had some employment in the 12 months preceding the election eligibility date and were employed 45 working days or more within the 24 months immediately preceding the election eligibility date. However, employees meeting either of those criteria who were terminated for cause or who quit voluntarily prior to the completion of the last job for which they were employed, are not eligible.) The employer must also include in a separate section of the voter list the same information for those individuals whom the parties have agreed should be permitted to vote subject to challenge or those individuals who, according to the direction of election, will be permitted to vote subject to challenge. The list of names must be alphabetized (overall or by department) and be in the same Microsoft Word file (or Microsoft Word compatible file) format as the initial lists provided with the Statement of Position form unless the parties agree to a different format or the employer certifies that it does not possess the capacity to produce the list in the required form. When feasible, the list must be filed electronically with the regional director and served electronically on the other parties named in the agreement or direction. To be timely filed and served, the voter list must be received by the regional director and the parties named in the agreement or direction respectively within 2 business days after the approval of the agreement or issuance of the direction of elections unless a longer time is specified in the agreement or direction. A certificate of service on all parties must be filed with the regional director when the voter list is filed. The employer's failure to file or serve the list within the specified time or in proper format shall be grounds for setting aside the election whenever proper and timely objections are filed. The parties shall not use the list for purposes other than the representation proceeding, Board proceedings arising from it, and related matters.

Waiver of Time to Use Voter List – Under existing NLRB practice, an election is not ordinarily scheduled for a date earlier than 10 calendar days after the date when the employer must file the voter list with the Regional Office. However, the parties entitled to receive the voter list may waive all or part of the 10-day period by executing Form NLRB-4483. A waiver will not be effective unless all parties who are entitled to the list agree to waive the same number of days.

Election – Information about the election, requirements to post and distribute the Notice of Election, and possible proceedings after the election is available from the Regional Office and will be provided to the parties when the Notice of Election is sent to the parties.

Withdrawal or Dismissal – If it is determined that the NLRB does not have jurisdiction or that other criteria for proceeding to an election are not met, the petitioner is offered an opportunity to withdraw the petition. If the petitioner does not withdraw the petition, the regional director will dismiss the petition and advise the petitioner of the reason for the dismissal and of the right to appeal to the Board.

REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A STATEMENT OF POSITION FORM

Completing and Filing this Form: The Notice of Hearing indicates which parties are responsible for completing the form. If you are required to complete the form, you must have it signed by an authorized representative and file a completed copy (including all attachments) with the RD and serve copies on all parties named in the petition by the date and time established for its submission. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You must EFile your Statement of Position at www.nlrb.gov, but unlike other e-Filed documents, it will *not* be timely if filed on the due date but after noon in the time zone of the Region where the petition was filed.**

> **Note:** ***Non-employer parties who complete this Statement of Position are NOT required to complete items 8f and 8g of the form, or to provide a commerce questionnaire or the lists described in item 7.***

Required Lists: The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at **www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx**.

Consequences of Failure to Supply Information: Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

FORM NLRB-505
(12-20)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

STATEMENT OF POSITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
03-RC-281879	August 25, 2021

INSTRUCTIONS: *Submit this Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and all attachments on each party named in the petition in this case such that it is received by them by the date and time specified in the notice of hearing.*
Note: *Non-employer parties who complete this form are NOT required to complete items 8f or 8g below or to provide a commerce questionnaire or the lists described in item 7.*

1a. Full name of party filing Statement of Position	1c. Business Phone:	1e. Fax No.:
1b. Address *(Street and number, city, state, and ZIP code)*	1d. Cell No.:	1f. e-Mail Address

2. Do you agree that the NLRB has jurisdiction over the Employer in this case? [ ] Yes [ ] No
(A completed commerce questionnaire (Attachment A) must be submitted by the Employer, regardless of whether jurisdiction is admitted)

3. Do you agree that the proposed unit is appropriate? [ ] Yes [ ] No *(If not, answer 3a and 3b)*

a. State the basis for your contention that the proposed unit is not appropriate. (*If you contend a classification should be excluded or included briefly explain why, such as shares a community of interest or are supervisors or guards)*

b. State any classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit.

Added	Excluded

4. Other than the individuals in classifications listed in 3b, list any individual(s) whose eligibility to vote you intend to contest at the pre-election hearing in this case and the basis for contesting their eligibility.

5. Is there a bar to conducting an elec ion in this case? [ ] Yes [ ] No *If yes, state the basis for your position.*

6. Describe all other issues you intend to raise at the pre-election hearing.

7. The employer must provide the following lists which must be alphabetized (overall or by department) in the format specified at **www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx**.
(a) A list containing the full names, work locations, shifts and job classification of all individuals in the proposed unit as of the payroll period immediately preceding the filing of the petition who remain employed as of the date of the filing of the petition. (Attachment B)
(b) If the employer contends that the proposed unit is inappropriate the employer must provide (1) a separate list containing the full names, work locations, shifts and job classifications of all individuals that it contends must be *added* to the proposed unit, if any to make it an appropriate unit, (Attachment C) and (2) a list containing the full names of any individuals it contends must be *excluded* from the proposed unit to make it an appropriate unit. (Attachment D)

8a. State your position with respect to the details of any election that may be conducted in this matter. Type: [ ] Manual [ ] Mail [ ] Mixed Manual/Mail

8b. Date(s)	8c. Time(s)	8d. Location(s)
8e. Eligibility Period (e.g. special eligibility formula)	8f. Last Payroll Period Ending Date	8g. Length of payroll period [ ] Weekly [ ]Biweekly [ ] Other *(specify length)*

9. Representative who will accept service of all papers for purposes of the representation proceeding

9a. Full name and title of authorized representative	9b. Signature of authorized representative	9c. Date
9d. Address *(Street and number, city, state, and ZIP code)*		9e. e-Mail Address
9f. Business Phone No.:	9g. Fax No.	9h. Cell No.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C Section 151 et seq The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings The routine uses for the information are fully set forth in the Federal Register, 71 Fed 74942-43 (December 13, 2006) The NLRB will further explain these uses upon request Failure to supply the information requested by this form may preclude you from litigating issues under 102 66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court

FORM NLRB-5081
(3-11)

NATIONAL LABOR RELATIONS BOARD

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME	CASE NUMBER
	03-RC-281879

1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)

2. TYPE OF ENTITY

[ ] CORPORATION [ ] LLC [ ] LLP [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP [ ] OTHER (Specify)

3. IF A CORPORATION or LLC

A. STATE OF INCORPORATION OR FORMATION	B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS

5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR

6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS *(Products handled or manufactured, or nature of services performed).*

7A. PRINCIPAL LOCATION:	7B. BRANCH LOCATIONS:

8. NUMBER OF PEOPLE PRESENTLY EMPLOYED

A. TOTAL:	B. AT THE ADDRESS INVOLVED IN THIS MATTER:

9. DURING THE MOST RECENT *(Check the appropriate box):* [ ] **CALENDAR** [ ] **12 MONTHS** or [ ] **FISCAL YEAR** *(FY DATES _____)*

	YES	NO
A. Did you **provide services** valued in excess of $50,000 directly to customers outside your State? If no, indicate actual value. $_____		
B. If you answered no to 9A, did you **provide services** valued in excess of $50,000 to customers in your State who purchased goods valued in excess of $50,000 from directly outside your State? If no, indicate the value of any such services you provided. $_____		
C. If you answered no to 9A and 9B, did you **provide services** valued in excess of $50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than $50,000, indicate amount. $_____		
D. Did you **sell goods** valued in excess of $50,000 directly to customers located outside your State? If less than $50,000, indicate amount. $_____		
E. If you answered no to 9D, did you **sell goods** valued in excess of $50,000 directly to customers located inside your State who purchased other goods valued in excess of $50,000 from directly outside your State? If less than $50,000, indicate amount. $_____		
F. Did you **purchase and receive goods** valued in excess of $50,000 from directly outside your State? If less than $50,000, indicate amount. $_____		
G. Did you **purchase and receive goods** valued in excess of $50,000 from enterprises who received the goods directly from points outside your State? If less than $50,000, indicate amount. $_____		
H. **Gross Revenues** from all sales or performance of services *(Check the largest amount)* [ ] $100,000 [ ] $250,000 [ ] $500,000 [ ] $1,000,000 or more If less than $100,000, indicate amount.		
I. **Did you begin operations within the last 12 months?** If yes, specify date: _____		

10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?

[ ] YES [ ] NO *(If yes, name and address of association or group).*

11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME	TITLE	E-MAIL ADDRESS	TEL. NUMBER

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE *(Type or Print)*	SIGNATURE	E-MAIL ADDRESS	DATE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A RESPONSIVE STATEMENT OF POSITION FORM

Completing and Filing this Form: For **RC and RD petitions**, the Petitioner is required to complete this form in response to each timely filed and served Statement of Position filed by another party. For **RM petitions**, the Employer-Petitioner must complete a Responsive Statement of Position form and submit the list described below. In accordance with Section 102.63(b) of the Board's Rules, if you are required to complete the form, you must have it signed by an authorized representative, and file a completed copy with any necessary attachments, with this office and serve it on all parties named in the petition responding to the issues raised in another party's Statement of Position, such that it is received no later than noon three business days before the date of the hearing. A separate form must be completed for each timely filed and properly served Statement of Position you receive. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You must E-File your Responsive Statement of Position at www.NLRB.gov, but unlike other e-Filed documents, it will *not* be timely if filed on the due date but after noon in the time zone of the Region where the petition was filed. Note that if you are completing this form as a PDF downloaded from www.NLRB.gov, the form will lock upon signature and no further editing may be made.**

Required List: In addition to responding to the issues raised in another party's Statement of Position, if any, the Employer-Petitioner in an RM case is required to file and serve on the parties a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. This list must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the list in the required form, the list must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx

Consequences of Failure to Submit a Responsive Statement of Position: Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

FORM NLRB-506
(12-20)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RESPONSIVE STATEMENT OF POSITION – RC, RD or RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
03-RC-281879	August 25, 2021

INSTRUCTIONS: *If a party has submitted and served on you a timely Statement of Position to an RC, RD or RM petition, the Petitioner must submit this Responsive Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and any attachments on each party named in the petition in this case such that it is received by noon local time, three business days prior to the hearing date specified in the Notice of Hearing. A separate form must be completed for each timely filed and properly served Statement of Position received by the Petitioner. The Petitioner-Employer in a RM case is required to file this Responsive Statement of Position and include an appropriate employee list without regard to whether another party has filed a Statement of Position.*

This Responsive Statement of Position is filed by the Petitioner in response to a Statement of Position received from the following party:

The Employer	**An Intervenor/Union**

1a. Full Name of Party Filing Responsive Statement of Position

1c. Business Phone	1d. Cell No.	1e. Fax No.	1f. E-Mail Address

1b. Address (Street and Number, City, State, and ZIP Code)

2. Identify all issues raised in the other party's Statement of Position that you dispute and describe the basis of your dispute:

a. EMPLOYER NAME/IDENTITY [Box 1a of Statement of Position Form NLRB-505 and Questionnaire on Commerce Information]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

b. JURISDICTION [Box 2 of Statement of Position Form NLRB-505 and Questionnaire on Commerce Information]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

c. APPROPRIATENESS OF UNIT [Boxes 3, 3a and 3b of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

d. INDIVIDUAL ELIGIBILITY [Box 4 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

e. BARS TO ELECTION [Box 5 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

f. ALL OTHER ISSUES [Box 6 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

g. ELECTION DETAILS [Boxes 8a, 8b, 8c, 8d, 8e, 8f, and 8g of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

Full Name and Title of Authorized Representative	Signature of Authorized Representative	Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

Please fill all necessary fields on the form PRIOR to digitally signing. To make changes after the form has been signed, right-click on the signature field and click "clear signature." Once complete, please sign the form.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 3
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

Agency Website: www.nlrb.gov
Telephone: (716)551-4931
Fax: (716)551-4972

Download
NLRB
Mobile App

August 25, 2021

URGENT

Sheryl Valente
Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services
825 White Spruce Boulevard
Rochester, NY 14623

Re: Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services
Case 03-RC-281879

Dear Ms. Valente:

Enclosed is a copy of a petition that International Association of Machinists and Aerospace Workers filed with the National Labor Relations Board (NLRB) seeking to represent certain of your employees. After a petition is filed, the employer is required to promptly take certain actions so please read this letter carefully to make sure you are aware of the employer's obligations. This letter tells you how to contact the Board agent who will be handling this matter, about the requirement to post and distribute the Notice of Petition for Election, the requirement to complete and serve a Statement of Position Form, the Petitioner's requirement to complete and serve a Responsive Statement of Position Form, a scheduled hearing in this matter, other information needed including a voter list, your right to be represented, and NLRB procedures, including how to submit documents to the NLRB.

Investigator: This petition will be investigated by Field Examiner Michael Dahlheimer whose telephone number is (716)398-7008. The Board agent will contact you shortly to discuss processing the petition. If you have any questions, please do not hesitate to call the Board agent. If the agent is not available, you may contact Regional Director LINDA M. LESLIE whose telephone number is (716)398-7017. The Board agent may also contact you and the other party or parties to schedule a conference meeting or telephonic or video conference for some time before the close of business the day following receipt of the final Responsive Statement(s) of Position. This will give the parties sufficient time to determine if any issues can be resolved prior to hearing or if a hearing is necessary. If appropriate, the NLRB attempts to schedule an election either by agreement of the parties or by holding a hearing and then directing an election.

Required Posting and Distribution of Notice: You must post the enclosed Notice of Petition for Election by September 1, 2021 in conspicuous places, including all places where notices to employees are customarily posted. The Notice of Petition for Election must be posted so all pages are simultaneously visible. If you customarily communicate electronically with employees in the petitioned-for unit, you must also distribute the notice electronically to them.

You must maintain the posting until the petition is dismissed or withdrawn or this notice is replaced by the Notice of Election. Posting and distribution of the Notice of Petition for Election will inform the employees whose representation is at issue and the employer of their rights and obligations under the National Labor Relations Act in the representation context. Failure to post or distribute the notice may be grounds for setting aside an election if proper and timely objections are filed.

Required Statement of Position: In accordance with Section 102.63(b) of the Board's Rules, the employer is required to complete the enclosed Statement of Position form (including the attached Commerce Questionnaire), have it signed by an authorized representative, and file a completed copy (with all required attachments) with this office and serve it on all parties named in the petition such that it is received by them by **noon Eastern Time** on **September 07, 2021**. This form solicits information that will facilitate entry into election agreements or streamline the pre-election hearing if the parties are unable to enter into an election agreement. **This form must be e-Filed, but unlike other e-Filed documents, will *not* be timely if filed on the due date but after noon September 07, 2021.** If you have questions about this form or would like assistance in filling out this form, please contact the Board agent named above.

List(s) of Employees: The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx

Failure to Supply Information: Failure to supply the information requested by this form may preclude you from litigating issues under Section 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from

> contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§ 102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

Responsive Statement of Position: In accordance with Section 102.63(b) of the Board's Rules, following timely filing and service of an employer's Statement of Position, the petitioner is required to complete the enclosed Responsive Statement of Position form, have it signed by an authorized representative, and file a completed copy with any necessary attachments, with this office and serve it on all parties named in the petition responding to the issues raised in the employer's Statement of Position, such that it is received no later than **noon Eastern Time** on September 10, 2021.

Notice of Hearing: Enclosed is a Notice of Representation Hearing to be conducted at **10:00 a.m.** on **Wednesday, September 15, 2021 via a Zoom videoconference call,** if the parties do not voluntarily agree to an election. If a hearing is necessary, the hearing will run on consecutive days until concluded unless the regional director concludes that extraordinary circumstances warrant otherwise. Before the hearing begins, the NLRB will continue to explore potential areas of agreement with the parties in order to reach an election agreement and to eliminate or limit the costs associated with formal hearings.

Upon request of a party showing good cause, the regional director may postpone the hearing. A party desiring a postponement should make the request to the regional director in writing, set forth in detail the grounds for the request, and include the positions of the other parties regarding the postponement. E-Filing the request is required. A copy of the request must be served simultaneously on all the other parties, and that fact must be noted in the request.

Other Information Needed Now*:* Please submit to this office, as soon as possible, the following information needed to handle this matter:

(a) A copy of any existing or recently expired collective-bargaining agreements, and any amendments or extensions, or any recognition agreements covering any of your employees in the unit involved in the petition (the petitioned-for unit);

(b) The name and contact information for any other labor organization (union) claiming to represent any of the employees in the petitioned-for unit;

(c) If potential voters will need notices or ballots translated into a language other than English, the names of those languages and dialects, if any.

(d) If you desire a formal check of the showing of interest, you must provide an alphabetized payroll list of employees in the petitioned-for unit, with their job classifications, for the payroll period immediately before the date of this petition. Such a payroll list should be submitted as early as possible prior to the hearing. Ordinarily a formal check of the showing of interest is not performed using the employee list submitted as part of the Statement of Position.

Voter List: If an election is held in this matter, the employer must transmit to this office and to the other parties to the election, an alphabetized list of the full names, work locations, shifts, job classifications, and contact information (including home addresses, available personal email addresses, and available home and personal cellular telephone numbers) of eligible voters. Usually, the list must be furnished within 2 business days of the issuance of the Decision and Direction of Election or approval of an election agreement. I am advising you of this requirement now, so that you will have ample time to prepare this list. The list must be electronically filed with the Region and served electronically on the other parties. To guard against potential abuse, this list may not be used for purposes other than the representation proceeding, NLRB proceedings arising from it or other related matters.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or at the Regional office upon your request.

If someone contacts you about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the NLRB. Their knowledge regarding this matter was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Procedures: Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site (www.nlrb.gov). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its

determinations solely based on the documents and evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the petition.

Information about the NLRB and our customer service standards is available on our website, www.nlrb.gov, or from an NLRB office upon your request. We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Linda M. Leslie

LINDA M. LESLIE
Acting Regional Director

Enclosures

1. Petition
2. Notice of Petition for Election (Form 5492)
3. Notice of Representation Hearing
4. Description of Procedures in Certification and Decertification Cases (Form 4812)
5. Statement of Position form and Commerce Questionnaire (Form 505)
6. Responsive Statement of Position (Form 506)

Form NLRB-5492
(Rev: 12-2015)

National Labor Relations Board

NOTICE OF PETITION FOR ELECTION

This notice is to inform employees that International Association of Machinists and Aerospace Workers has filed a petition with the National Labor Relations Board (NLRB), a Federal agency, in Case 03-RC-281879 seeking an election to become certified as the representative of the employees of Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services in the unit set forth below:

Included: All full-time and regular part-time employees. Excluded: Managers, supervisors, veterinarians, and guards.

This notice also provides you with information about your basic rights under the National Labor Relations Act, the processing of the petition, and rules to keep NLRB elections fair and honest.

YOU HAVE THE RIGHT under Federal Law

- **To self-organization**
- **To form, join, or assist labor organizations**
- **To bargain collectively through representatives of your own choosing**
- **To act together for the purposes of collective bargaining or other mutual aid or protection**
- **To refuse to do any or all of these things unless the union and employer, in a state where such agreements are permitted, enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustments).**

PROCESSING THIS PETITION

Elections do not necessarily occur in all cases after a petition is filed. NO FINAL DECISIONS HAVE BEEN MADE YET regarding the appropriateness of the proposed unit or whether an election will be held in this matter. If appropriate, the NLRB will first see if the parties will enter into an election agreement that specifies the method, date, time, and location of an election and the unit of employees eligible to vote. If the parties do not enter into an election agreement, usually a hearing is held to receive evidence on the appropriateness of the unit and other issues in dispute. After a hearing, an election may be directed by the NLRB, if appropriate.

IF AN ELECTION IS HELD, it will be conducted by the NLRB by secret ballot and Notices of Election will be posted before the election giving complete details for voting.

ELECTION RULES

The NLRB applies rules that are intended to keep its elections fair and honest and that result in a free choice. If agents of any party act in such a way as to interfere with your right to a free election, the election can be set aside by the NLRB. Where appropriate the NLRB provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

The following are examples of conduct that interfere with employees' rights and may result in setting aside the election:

- **Threatening loss of jobs or benefits by an employer or a union**
- **Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises**
- **An employer firing employees to discourage or encourage union activity or a union causing them to be fired to encourage union activity**
- **Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or, if the election is conducted by mail, from the time and date the ballots are scheduled to be sent out by the Region until the time and date set for their return**
- **Incitement by either an employer or a union of racial or religious prejudice by inflammatory appeals**
- **Threatening physical force or violence to employees by a union or an employer to influence their votes**

Please be assured that IF AN ELECTION IS HELD, every effort will be made to protect your right to a free choice under the law. Improper conduct will not be permitted. All parties are expected to cooperate fully with the NLRB in maintaining basic principles of a fair election as required by law. The NLRB as an agency of the United States Government does not endorse any choice in the election.

For additional information about the processing of petitions, go to www.nlrb.gov or contact the NLRB at (716)551-4931.

THIS IS AN OFFICIAL GOVERNMENT NOTICE AND MUST NOT BE DEFACED BY ANYONE. IT MUST REMAIN POSTED WITH ALL PAGES SIMULTANEOUSLY VISIBLE UNTIL REPLACED BY THE NOTICE OF ELECTION OR THE PETITION IS DISMISSED OR WITHDRAWN.

National Labor Relations Board

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services **Employer** **and** **International Association of Machinists and Aerospace Workers** **Petitioner**	**Case 03-RC-281879**

NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 10:00 a.m. on **Wednesday, September 15, 2021** and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located via a Zoom videoconference call, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than **noon** Eastern time on September 07, 2021**.** Following timely filing and service of a Statement of Position by Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, the Petitioner must complete its Responsive Statement of Position(s) responding to the issues raised in the Employer's and/or Union's Statement of Position and file them and all attachments with the Regional Director and serve them on the parties named in the petition such they are received by them no later than **noon** Eastern on September 10, 2021.

Pursuant to Section 102.5 of the Board's Rules and Regulations, all documents filed in cases before the Agency must be filed by electronically submitting (E-Filing) through the Agency's website (www.nlrb.gov), unless the party filing the document does not have access to the means for filing electronically or filing electronically would impose an undue burden. Documents filed by means other than E-Filing must be accompanied by a statement explaining why the filing party does not have access to the means for filing electronically or filing

electronically would impose an undue burden. Detailed instructions for using the NLRB's E-Filing system can be found in the E-Filing System User Guide

The Statement of Position and Responsive Statement of Position must be E-Filed but, unlike other E-Filed documents, must be filed by **noon** Eastern on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position and Responsive Statement of Position are not required to be filed. If an election agreement is signed by all parties and returned to the Regional office after the due date of the Statement of Position but before the due date of the Responsive Statement of Position, the Responsive Statement of Position is not required to be filed.

Dated: August 25, 2021

/s/Linda M. Leslie

LINDA M. LESLIE
ACTING REGIONAL DIRECTOR
NATIONAL LABOR RELATIONS BOARD
REGION 03
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services **Employer** **and** **International Association of Machinists and Aerospace Workers** **Petitioner**	**Case 03-RC-281879**

AFFIDAVIT OF SERVICE OF: Petition dated August 25, 2021**, Notice of Representation Hearing dated** August 25, 2021**, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on August 25, 2021, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

Sheryl Valente
Pathway Vet Alliance, LLC, Veterinary
Specialists & Emergency Services
825 White Spruce Boulevard
Rochester, NY 14623
sheryl.valente@pathwaysvets.com

William H. Haller, Associate General Counsel
International Association of Machinists and
Aerospace Workers
9000 Machinists Place, Suite 202
Upper Marlboro, MD 20772-2687
whaller@iamaw.org
Fax: (301)967-4594

August 25, 2021
Date

Andrea Seyfried, Designated Agent of NLRB
Name

/s/ Andrea Seyfried
Signature

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

DESCRIPTION OF REPRESENTATION CASE PROCEDURES IN CERTIFICATION AND DECERTIFICATION CASES

The National Labor Relations Act grants employees the right to bargain collectively through representatives of their own choosing and to refrain from such activity. A party may file an RC, RD or RM petition with the National Labor Relations Board (NLRB) to conduct a secret ballot election to determine whether a representative will represent, or continue to represent, a unit of employees. An **RC** petition is generally filed by a union that desires to be certified as the bargaining representative. An **RD** petition is filed by employees who seek to remove the currently recognized union as the bargaining representative. An **RM** petition is filed by an employer who seeks an election because one or more individuals or unions have sought recognition as the bargaining representative, or based on a reasonable belief supported by objective considerations that the currently recognized union has lost its majority status. This form generally describes representation case procedures in RC, RD and RM cases, also referred to as certification and decertification cases.

Right to be Represented – Any party to a case with the NLRB has the right to be represented by an attorney or other representative in any proceeding before the NLRB. A party wishing to have a representative appear on its behalf should have the representative complete a Notice of Appearance (Form NLRB-4701), and E-File it at www.nlrb.gov or forward it to the NLRB Regional Office handling the petition as soon as possible.

Filing and Service of Petition – A party filing an RC, RD or RM petition is required to serve a copy of its petition on the parties named in the petition along with this form and the Statement of Position form. The petitioner files the petition with the NLRB, together with (1) a certificate showing service of these documents on the other parties named in the petition, and (2) a showing of interest to support the petition. The showing of interest is not served on the other parties.

Notice of Hearing – After a petition in a certification or decertification case is filed with the NLRB, the NLRB reviews the petition, certificate of service, and the required showing of interest for sufficiency, assigns the petition a case number, and promptly sends letters to the parties notifying them of the Board agent who will be handling the case. In most cases, the letters include a Notice of Representation Hearing. Except in cases presenting unusually complex issues, this pre-election hearing is set for a date 14 business days (excluding weekends and federal holidays) from the date of service of the notice of hearing. Once the hearing begins, it will continue day to day until completed absent extraordinary circumstances. The Notice of Representation Hearing also sets the due date for filing and serving the Statement(s) of Position and the Responsive Statement of Position(s). Included with the Notice of Representation Hearing are the following: (1) copy of the petition, (2) this form, (3) Statement of Position for non-petitioning parties, (4) petitioner's Responsive Statement of Position, (5) Notice of Petition for Election, and (6) letter advising how to contact the Board agent who will be handling the case and discussing those documents.

Hearing Postponement: Requests to postpone the hearing are not routinely granted, but the regional director may postpone the hearing for good cause. A party wishing to request a postponement should make the request in writing and set forth in detail the grounds for the request. The request should include the positions of the other parties regarding the postponement. The request must be filed electronically ("E-Filed") on the Agency's website (www.nlrb.gov) by following the instructions on the website. A copy of the request must be served simultaneously on all the other parties, and that fact must be noted in the request.

Statement of Position Form and List(s) of Employees – The Statement of Position form solicits commerce and other information that will facilitate entry into election agreements or streamline the pre-election hearing if the parties are unable to enter into an election agreement. In an **RC** or **RD** case, as part of its Statement of Position form, the employer also provides a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit. If the employer contends that the proposed unit is not appropriate, the employer must separately list the same information for all individuals that the employer contends must be added to the proposed unit to make it an appropriate unit, and must further indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional

form for the list is provided on the NLRB website at www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx

Ordinarily the Statement of Position must be filed with the Regional Office and served on the other parties such that it is received by them by noon 8 business days from the issuance of the Notice of Hearing. The regional director may postpone the due date for filing and serving the Statement of Position for good cause. The Statement of Position form must be E-Filed but, unlike other E-Filed documents, will not be timely if filed on the due date but after noon in the time zone of the Region where the petition is filed. Consequences for failing to satisfy the Statement of Position requirement are discussed on the following page under the heading "Preclusion." A request to postpone the hearing will not automatically be treated as a request for an extension of the Statement of Position due date. If a party wishes to request both a postponement of the hearing and a postponement of the Statement of Position due date, the request must make that clear and must specify the reasons that postponements of both are sought.

Responsive Statement of Position – Petitioner's Responsive Statement(s) of Position solicits a response to the Statement(s) of Position filed by the other parties and further facilitates entry into election agreements or streamlines the preelection hearing. A petitioner must file a Responsive Statement of Position in response to each party's Statement of Position addressing each issue in each Statement of Position(s), if desired. In the case of an RM petition, the employer-petitioner must also provide commerce information and file and serve a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit. Ordinarily, the Responsive Statement of Position must be electronically filed with the Regional Office and served on the other parties such that it is received by noon 3 business days prior to the hearing. The regional director may postpone the due date for filing and serving the Responsive Statement of Position for good cause. The Responsive Statement of Position form must be E-Filed but, unlike other E-Filed documents, will not be timely if filed on the due date but after noon in the time zone of the Region where the petition is filed. Consequences for failing to satisfy the Responsive Statement of Position requirement are discussed on the following page under the heading "Preclusion." A request to postpone the hearing will not automatically be treated as a request for an extension of the Responsive Statement of Position due date. If a party wishes to request both a postponement of the hearing and a Postponement of the Responsive Statement of Position due date, the request must make that clear and must specify the reasons that postponements of both are sought.

Posting and Distribution of Notice of Petition for Election – Within 5 business days after service of the notice of hearing, the employer must post the Notice of Petition for Election in conspicuous places, including all places where notices to employees are customarily posted, and must also distribute it electronically to the employees in the petitioned-for unit if the employer customarily communicates with these employees electronically. The employer must maintain the posting until the petition is dismissed or withdrawn, or the Notice of Petition for Election is replaced by the Notice of Election. The employer's failure properly to post or distribute the Notice of Petition for Election may be grounds for setting aside the election if proper and timely objections are filed.

Election Agreements – Elections can occur either by agreement of the parties or by direction of the regional director or the Board. Three types of agreements are available: (1) a Consent Election Agreement (Form NLRB-651); (2) a Stipulated Election Agreement (Form NLRB-652); and (3) a Full Consent Agreement (Form NLRB-5509). In the Consent Election Agreement and the Stipulated Election Agreement, the parties agree on an appropriate unit and the method, date, time, and place of a secret ballot election that will be conducted by an NLRB agent. In the Consent Agreement, the parties also agree that post-election matters (election objections or determinative challenged ballots) will be resolved with finality by the regional director; whereas in the Stipulated Election Agreement, the parties agree that they may request Board review of the regional director's post-election determinations. A Full Consent Agreement provides that the regional director will make final determinations regarding all pre-election and post-election issues.

Hearing Cancellation Based on Agreement of the Parties – The issuance of the Notice of Representation Hearing does not mean that the matter cannot be resolved by agreement of the parties. On the contrary, the NLRB encourages prompt voluntary adjustments and the Board agent assigned to the case will work with the parties to enter into an election agreement, so the parties can avoid the time and expense of participating in a hearing.

Hearing – A hearing will be held unless the parties enter into an election agreement approved by the regional director or the petition is dismissed or withdrawn.

***Purpose of Hearing*:** The primary purpose of a pre-election hearing is to determine if a question of representation exists. A question of representation exists if a proper petition has been filed concerning a unit

appropriate for the purpose of collective bargaining or, in the case of a decertification petition, concerning a unit in which a labor organization has been certified or is being currently recognized by the employer as the bargaining representative.

***Issues at Hearing*:** Issues that might be litigated at the pre-election hearing include: jurisdiction; labor organization status; bars to elections; unit appropriateness; expanding and contracting unit issues; inclusion of professional employees with nonprofessional employees; seasonal operation; potential mixed guard/non-guard unit; and eligibility formulas. At the hearing, the timely filed Statement of Position and Responsive Statement of Position(s) will be received into evidence. The hearing officer will not receive evidence concerning any issue as to which the parties have not taken adverse positions, except for evidence regarding the Board's jurisdiction over the employer and evidence concerning any issue, such as the appropriateness of the proposed unit, as to which the regional director determines that record evidence is necessary.

***Preclusion*:** At the hearing, a party will be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or Responsive Statement of Position(s) or to place in dispute in timely response to another party's Statement of Position or response, except that no party will be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. As set forth in §102.66(d) of the Board's rules, if the employer fails to timely furnish the lists of employees, the employer will be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

***Conduct of Hearing*:** If held, the hearing is usually open to the public and will be conducted by a hearing officer of the NLRB. Any party has the right to appear at any hearing in person, by counsel, or by other representative, to call, examine, and cross-examine witnesses, and to introduce into the record evidence of the significant facts that support the party's contentions and are relevant to the existence of a question of representation. The hearing officer also has the power to call, examine, and cross-examine witnesses and to introduce into the record documentary and other evidence. Witnesses will be examined orally under oath. The rules of evidence prevailing in courts of law or equity shall not be controlling. Parties appearing at any hearing who have or whose witnesses have disabilities falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.503, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.503, should notify the regional director as soon as possible and request the necessary assistance.

***Official Record*:** An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. (Copies of exhibits should be supplied to the hearing officer and other parties at the time the exhibit is offered in evidence.) All statements made at the hearing will be recorded by the official reporter while the hearing is on the record. If a party wishes to make off-the-record remarks, requests to make such remarks should be directed to the hearing officer and not to the official reporter. After the close of the hearing, any request for corrections to the record, either by stipulation or motion, should be forwarded to the regional director.

***Motions and Objections*:** All motions must be in writing unless stated orally on the record at the hearing and must briefly state the relief sought and the grounds for the motion. A copy of any motion must be served immediately on the other parties to the proceeding. Motions made during the hearing are filed with the hearing officer. All other motions are filed with the regional director, except that motions made after the transfer of the record to the Board are filed with the Board. If not E-Filed, an original and two copies of written motions shall be filed. Statements of reasons in support of motions or objections should be as concise as possible. Objections shall not be deemed waived by further participation in the hearing. On appropriate request, objections may be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

***Election Details*:** Prior to the close of the hearing the hearing officer will: (1) solicit the parties' positions (but will not permit litigation) on the type, date(s), time(s), and location(s) of the election and the eligibility period; (2) solicit the name, address, email address, facsimile number, and phone number of the employer's on-site representative to whom the regional director should transmit the Notice of Election if an election is directed; (3) inform the parties that the regional director will issue a decision as soon as practicable and will immediately transmit the document to the parties and their designated representatives by email, facsimile, or by overnight mail (if neither an email address nor facsimile number was provided); and (4) inform the parties of their obligations if the director directs an election and of the time for complying with those obligations.

***Oral Argument and Briefs*:** Upon request, any party is entitled to a reasonable period at the close of the hearing for oral argument, which will be included in the official transcript of the hearing. At any time before the close of the hearing, any party may file a memorandum addressing relevant issues or points of law. Post-hearing briefs shall be due within 5 business days of the close of the hearing. The hearing officer may allow up to 10 additional business days for such briefs prior to the close of hearing and for good cause. If filed, copies of the memorandum or brief shall be served on all other parties to the proceeding and a statement of such service shall be filed with the memorandum or brief. No reply brief may be filed except upon special leave of the regional director. Briefs including electronic documents, filed with the Regional Director must be formatted as double-spaced in an 8½ by 11 inch format and must be e-filed through the Board's website, www.nlrb.gov.

Regional Director Decision - After the hearing, the regional director issues a decision directing an election, dismissing the petition or reopening the hearing. A request for review of the regional director's pre-election decision may be filed with the Board at any time after issuance of the decision until 10 business days after a final disposition of the proceeding by the regional director. Accordingly, a party need not file a request for review before the election in order to preserve its right to contest that decision after the election. Instead, a party can wait to see whether the election results have mooted the basis of an appeal. The Board will grant a request for review only where compelling reasons exist therefor.

Voter List – The employer must provide to the regional director and the parties named in the election agreement or direction of election a list of the full names, work locations, shifts, job classifications, and contact information (including home addresses, available personal email addresses, and available home and personal cellular (''cell'') telephone numbers) of all eligible voters. (In construction industry elections, unless the parties stipulate to the contrary, also eligible to vote are all employees in the unit who either (1) were employed a total of 30 working days or more within the 12 months preceding the election eligibility date or (2) had some employment in the 12 months preceding the election eligibility date and were employed 45 working days or more within the 24 months immediately preceding the election eligibility date. However, employees meeting either of those criteria who were terminated for cause or who quit voluntarily prior to the completion of the last job for which they were employed, are not eligible.) The employer must also include in a separate section of the voter list the same information for those individuals whom the parties have agreed should be permitted to vote subject to challenge or those individuals who, according to the direction of election, will be permitted to vote subject to challenge. The list of names must be alphabetized (overall or by department) and be in the same Microsoft Word file (or Microsoft Word compatible file) format as the initial lists provided with the Statement of Position form unless the parties agree to a different format or the employer certifies that it does not possess the capacity to produce the list in the required form. When feasible, the list must be filed electronically with the regional director and served electronically on the other parties named in the agreement or direction. To be timely filed and served, the voter list must be received by the regional director and the parties named in the agreement or direction respectively within 2 business days after the approval of the agreement or issuance of the direction of elections unless a longer time is specified in the agreement or direction. A certificate of service on all parties must be filed with the regional director when the voter list is filed. The employer's failure to file or serve the list within the specified time or in proper format shall be grounds for setting aside the election whenever proper and timely objections are filed. The parties shall not use the list for purposes other than the representation proceeding, Board proceedings arising from it, and related matters.

Waiver of Time to Use Voter List – Under existing NLRB practice, an election is not ordinarily scheduled for a date earlier than 10 calendar days after the date when the employer must file the voter list with the Regional Office. However, the parties entitled to receive the voter list may waive all or part of the 10-day period by executing Form NLRB-4483. A waiver will not be effective unless all parties who are entitled to the list agree to waive the same number of days.

Election – Information about the election, requirements to post and distribute the Notice of Election, and possible proceedings after the election is available from the Regional Office and will be provided to the parties when the Notice of Election is sent to the parties.

Withdrawal or Dismissal – If it is determined that the NLRB does not have jurisdiction or that other criteria for proceeding to an election are not met, the petitioner is offered an opportunity to withdraw the petition. If the petitioner does not withdraw the petition, the regional director will dismiss the petition and advise the petitioner of the reason for the dismissal and of the right to appeal to the Board.

REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A STATEMENT OF POSITION FORM

Completing and Filing this Form: The Notice of Hearing indicates which parties are responsible for completing the form. If you are required to complete the form, you must have it signed by an authorized representative and file a completed copy (including all attachments) with the RD and serve copies on all parties named in the petition by the date and time established for its submission. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You must EFile your Statement of Position at www.nlrb.gov, but unlike other e-Filed documents, it will *not* be timely if filed on the due date but after noon in the time zone of the Region where the petition was filed.**

> **Note:** ***Non-employer parties who complete this Statement of Position are NOT required to complete items 8f and 8g of the form, or to provide a commerce questionnaire or the lists described in item 7.***

Required Lists: The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at **www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx**.

Consequences of Failure to Supply Information: Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

FORM NLRB-505
(12-20)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

STATEMENT OF POSITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
03-RC-281879	August 25, 2021

INSTRUCTIONS: *Submit this Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and all attachments on each party named in the petition in this case such that it is received by them by the date and time specified in the notice of hearing.*
Note: *Non-employer parties who complete this form are NOT required to complete items 8f or 8g below or to provide a commerce questionnaire or the lists described in item 7.*

1a. Full name of party filing Statement of Position	1c. Business Phone:	1e. Fax No.:
1b. Address *(Street and number, city, state, and ZIP code)*	1d. Cell No.:	1f. e-Mail Address

2. Do you agree that the NLRB has jurisdiction over the Employer in this case? [ ] Yes [ ] No
(A completed commerce questionnaire (Attachment A) must be submitted by the Employer, regardless of whether jurisdiction is admitted)

3. Do you agree that the proposed unit is appropriate? [ ] Yes [ ] No *(If not, answer 3a and 3b)*

a. State the basis for your contention that the proposed unit is not appropriate. (*If you contend a classification should be excluded or included briefly explain why, such as shares a community of interest or are supervisors or guards)*

b. State any classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit.

Added	Excluded

4. Other than the individuals in classifications listed in 3b, list any individual(s) whose eligibility to vote you intend to contest at the pre-election hearing in this case and the basis for contesting their eligibility.

5. Is there a bar to conducting an elec ion in this case? [ ] Yes [ ] No *If yes, state the basis for your position.*

6. Describe all other issues you intend to raise at the pre-election hearing.

7. The employer must provide the following lists which must be alphabetized (overall or by department) in the format specified at **www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx**.
(a) A list containing the full names, work locations, shifts and job classification of all individuals in the proposed unit as of the payroll period immediately preceding the filing of the petition who remain employed as of the date of the filing of the petition. (Attachment B)
(b) If the employer contends that the proposed unit is inappropriate the employer must provide (1) a separate list containing the full names, work locations, shifts and job classifications of all individuals that it contends must be *added* to the proposed unit, if any to make it an appropriate unit, (Attachment C) and (2) a list containing the full names of any individuals it contends must be *excluded* from the proposed unit to make it an appropriate unit. (Attachment D)

8a. State your position with respect to the details of any election that may be conducted in this matter. Type: [ ] Manual [ ] Mail [ ] Mixed Manual/Mail

8b. Date(s)	8c. Time(s)	8d. Location(s)
8e. Eligibility Period (e.g. special eligibility formula)	8f. Last Payroll Period Ending Date	8g. Length of payroll period [ ] Weekly [ ]Biweekly [ ] Other *(specify length)*

9. Representative who will accept service of all papers for purposes of the representation proceeding

9a. Full name and title of authorized representative	9b. Signature of authorized representative	9c. Date
9d. Address *(Street and number, city, state, and ZIP code)*		9e. e-Mail Address
9f. Business Phone No.:	9g. Fax No.	9h. Cell No.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C Section 151 et seq The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings The routine uses for the information are fully set forth in the Federal Register, 71 Fed 74942-43 (December 13, 2006) The NLRB will further explain these uses upon request Failure to supply the information requested by this form may preclude you from litigating issues under 102 66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court

FORM NLRB-5081
(3-11)

NATIONAL LABOR RELATIONS BOARD

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME	CASE NUMBER
	03-RC-281879

1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)

2. TYPE OF ENTITY

[ ] CORPORATION [ ] LLC [ ] LLP [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP [ ] OTHER (Specify)

3. IF A CORPORATION or LLC

A. STATE OF INCORPORATION OR FORMATION	B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS

5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR

6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS *(Products handled or manufactured, or nature of services performed).*

7A. PRINCIPAL LOCATION:	7B. BRANCH LOCATIONS:

8. NUMBER OF PEOPLE PRESENTLY EMPLOYED

A. TOTAL:	B. AT THE ADDRESS INVOLVED IN THIS MATTER:

9. DURING THE MOST RECENT *(Check the appropriate box):* [ ] **CALENDAR** [ ] **12 MONTHS** or [ ] **FISCAL YEAR** *(FY DATES _____)*

	YES	NO
A. Did you **provide services** valued in excess of $50,000 directly to customers outside your State? If no, indicate actual value. $_____		
B. If you answered no to 9A, did you **provide services** valued in excess of $50,000 to customers in your State who purchased goods valued in excess of $50,000 from directly outside your State? If no, indicate the value of any such services you provided. $_____		
C. If you answered no to 9A and 9B, did you **provide services** valued in excess of $50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than $50,000, indicate amount. $_____		
D. Did you **sell goods** valued in excess of $50,000 directly to customers located outside your State? If less than $50,000, indicate amount. $_____		
E. If you answered no to 9D, did you **sell goods** valued in excess of $50,000 directly to customers located inside your State who purchased other goods valued in excess of $50,000 from directly outside your State? If less than $50,000, indicate amount. $_____		
F. Did you **purchase and receive goods** valued in excess of $50,000 from directly outside your State? If less than $50,000, indicate amount. $_____		
G. Did you **purchase and receive goods** valued in excess of $50,000 from enterprises who received the goods directly from points outside your State? If less than $50,000, indicate amount. $_____		
H. **Gross Revenues** from all sales or performance of services *(Check the largest amount)* [ ] $100,000 [ ] $250,000 [ ] $500,000 [ ] $1,000,000 or more If less than $100,000, indicate amount.		
I. **Did you begin operations within the last 12 months?** If yes, specify date: _____		

10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?

[ ] YES [ ] NO *(If yes, name and address of association or group).*

11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME	TITLE	E-MAIL ADDRESS	TEL. NUMBER

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE *(Type or Print)*	SIGNATURE	E-MAIL ADDRESS	DATE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A RESPONSIVE STATEMENT OF POSITION FORM

Completing and Filing this Form: For **RC and RD petitions**, the Petitioner is required to complete this form in response to each timely filed and served Statement of Position filed by another party. For **RM petitions**, the Employer-Petitioner must complete a Responsive Statement of Position form and submit the list described below. In accordance with Section 102.63(b) of the Board's Rules, if you are required to complete the form, you must have it signed by an authorized representative, and file a completed copy with any necessary attachments, with this office and serve it on all parties named in the petition responding to the issues raised in another party's Statement of Position, such that it is received no later than noon three business days before the date of the hearing. A separate form must be completed for each timely filed and properly served Statement of Position you receive. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You must E-File your Responsive Statement of Position at www.NLRB.gov, but unlike other e-Filed documents, it will *not* be timely if filed on the due date but after noon in the time zone of the Region where the petition was filed. Note that if you are completing this form as a PDF downloaded from www.NLRB.gov, the form will lock upon signature and no further editing may be made.**

Required List: In addition to responding to the issues raised in another party's Statement of Position, if any, the Employer-Petitioner in an RM case is required to file and serve on the parties a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. This list must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the list in the required form, the list must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlrb.gov/sites/default/files/attachments/basic-page/node-4559/Optional Forms for Voter List.docx

Consequences of Failure to Submit a Responsive Statement of Position: Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

> A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

FORM NLRB-506
(12-20)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RESPONSIVE STATEMENT OF POSITION – RC, RD or RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
03-RC-281879	August 25, 2021

INSTRUCTIONS: *If a party has submitted and served on you a timely Statement of Position to an RC, RD or RM petition, the Petitioner must submit this Responsive Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and any attachments on each party named in the petition in this case such that it is received by noon local time, three business days prior to the hearing date specified in the Notice of Hearing. A separate form must be completed for each timely filed and properly served Statement of Position received by the Petitioner. The Petitioner-Employer in a RM case is required to file this Responsive Statement of Position and include an appropriate employee list without regard to whether another party has filed a Statement of Position.*

This Responsive Statement of Position is filed by the Petitioner in response to a Statement of Position received from the following party:

The Employer	**An Intervenor/Union**

1a. Full Name of Party Filing Responsive Statement of Position

1c. Business Phone	1d. Cell No.	1e. Fax No.	1f. E-Mail Address

1b. Address (Street and Number, City, State, and ZIP Code)

2. Identify all issues raised in the other party's Statement of Position that you dispute and describe the basis of your dispute:

a. EMPLOYER NAME/IDENTITY [Box 1a of Statement of Position Form NLRB-505 and Questionnaire on Commerce Information]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

b. JURISDICTION [Box 2 of Statement of Position Form NLRB-505 and Questionnaire on Commerce Information]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

c. APPROPRIATENESS OF UNIT [Boxes 3, 3a and 3b of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

d. INDIVIDUAL ELIGIBILITY [Box 4 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

e. BARS TO ELECTION [Box 5 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

f. ALL OTHER ISSUES [Box 6 of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

g. ELECTION DETAILS [Boxes 8a, 8b, 8c, 8d, 8e, 8f, and 8g of Statement of Position Form NLRB-505]

☐ No Dispute (no further response required) ☐ Dispute (response required below)

Response to Statement of Position:

Full Name and Title of Authorized Representative	Signature of Authorized Representative	Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

Please fill all necessary fields on the form PRIOR to digitally signing. To make changes after the form has been signed, right-click on the signature field and click "clear signature." Once complete, please sign the form.

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES

Employer

And **Case 03-RC-281879**

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

Petitioner

ORDER RESCHEDULING HEARING

IT IS HEREBY ORDERED that the hearing in the above-entitled matter is rescheduled from Wednesday, September 15, 2021 at 10:00 a.m. to **Friday, September 17, 2021 at 10:00 a.m.**, via videoconference using the Zoom platform. The hearing will continue on consecutive days until concluded.

A postponement of the Statement of Position in this matter is hereby approved. The Statement of Position must be filed with the Regional Director and served on the parties listed on the petition by no later than **noon** Eastern Time on **Thursday, September 9, 2021.** The Responsive Statement of Position must be filed with the Regional Director and served on all the parties named in the petition by no later than **noon** Eastern Time on **Tuesday, September 14, 2021.** The Statement of Position and Responsive Statement of Position may be e-Filed but, unlike other e-Filed documents, must be filed by noon Eastern Time on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position and Responsive Statement of Position, the Statement of Position and Responsive Statement of Position are not required to be filed.

Dated: September 7, 2021

Michael C. Cass

Michael C. Cass, Acting Regional Director
National Labor Relations Board
Region 03

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES

Employer

and **Case 03-RC-281879**

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

Petitioner

AFFIDAVIT OF SERVICE OF: **ORDER RESCHEDULING HEARING**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on **September 7, 2021,** I served the above-entitled document(s) by **electronic mail** upon the following persons, addressed to them at the following addresses:

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September 7, 2021
(dated)

Elizabeth C. Person, Designated Agent of NLRB
(signature)

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES

Employer

And **Case 03-RC-281879**

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

Petitioner

ORDER RESCHEDULING HEARING

IT IS HEREBY ORDERED that the hearing in the above-entitled matter, scheduled to begin on Friday, September 17, 2021 at 10:00 a.m., is rescheduled to **Monday September 20, 2021 at 10:00 a.m.,** via videoconference using the Zoom platform. The hearing will continue on consecutive days until concluded.

Dated: September 16, 2021

/s/ Linda M. Leslie

Linda M. Leslie
ACTING REGIONAL DIRECTOR
NATIONAL LABOR RELATIONS BOARD
REGION 03
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, **Case No. 03-RC-281879**

Employer,

and

International Association of Machinists and Aerospace Workers,

Petitioner.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 20, 2021

Pages: 1 through 233

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UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of: PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES, Employer, and INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, Petitioner.	Case No. 03-RC-281879

The above-entitled matter came on for hearing via Zoom videoconference, pursuant to notice, before **MICHAEL DAHLEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on **Monday, September 20, 2021, 10:02 a.m.**

A P P E A R A N C E S

On behalf of the Employer:

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I N D E X

E X H I B I T S

EXHIBIT	IDENTIFIED	IN EVIDENCE
Board:		
B-1(a) through B-1(i)	8	8
B-2	9	9
B-3(a) through B-3(i)	9	10
Employer:		
E-1	25	60
E-2	61	64
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P R O C E E D I N G S

HEARING OFFICER DAHLEIMER: Okay, on the record. Mr. Haller, are we expecting anyone else for you who's not here at this time?

MR. HALLER: I think we've got everyone.

HEARING OFFICER DAHLEIMER: Okay. Mr. Stanevich, are we -- do we have all of your people who are going to be running in at this point in time here at the moment?

MR. STANEVICH: We may have Tracy Shields, vice president of people operations, join as a resource person. Not sure when she will join. I guess I just wanted to alert you to that, but otherwise, my cocounsel is here with me, and the company's first witness is here as well.

HEARING OFFICER DAHLEIMER: Okay. This -- so -- so we will get underway at this point in time.

This is a formal hearing for -- or in the matter of Pathways (sic) Vet Alliance, case 03-RC-281879. The hearing officer appearing for the National Labor Relations Board is Mike Dahleimer. That's me. It's nice to meet all of you.

All parties have been informed of the procedures at formal hearing before the Board by service of statement of standard procedures with the notice of hearing. I have additional copies of that statement for distribution if any parties need more at any point in time.

Will the counsels please state their appearance for the

record? We will start with the Petitioner.

MR. HALLER: For Petitioner, William Haller, associate general counsel, IAM legal department.

HEARING OFFICER DAHLEIMER: Okay. And for the Employer?

MR. STANEVICH: For the Employer, Jason Stanevich of Littler Mendelson.

MS. MASTRONY: Maura Mastrony from Littler Mendelson, as well, for the Employer.

HEARING OFFICER DAHLEIMER: Okay. It is my understanding there are no intervenors here. If there are, please state your presence at this time. Okay. Let the record show no further responses.

I now propose to receive the formal papers. So just so everyone knows, this is how I'm going to ask that people try to introduce documents to the record. I'm going to give you an example, here, so we're going to screenshare.

Can you see yourselves or can you see a lot of icons? Anyone. On -- on -- on -- on the screen that I'm sharing, can you see icons on my desktop or can you see pictures of yourself?

MR. HALLER: No, I -- I can see pictures of six or so of us. It's kind of like the Brady Bunch square.

HEARING OFFICER DAHLEIMER: Okay, understood. All right, good. That actually means that this works.

Okay. So I now propose to receive the formal papers.

They have been marked for identification as Board Exhibits 1(a) through (h). And this is how I propose people do this today. We're going to just share a screen and let -- let the documents be shown on the record so that everyone knows what we are talking about. So Board Exhibit 1(a), 1(b), 1(c), 1(d), (e), (f), (h), (g), and the introduction page is (i).

Are there any objections to the receipt of these exhibits into the record?

MR. HALLER: No objection from Petitioner.

HEARING OFFICER DAHLEIMER: Okay --

MR. STANEVICH: No --

HEARING OFFICER DAHLEIMER: -- hearing no --

MR. STANEVICH: -- object -- no objection from the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections -- hearing no objections, the formal papers are received into evidence.

(Board Exhibit Numbers 1(a) through 1(i) Received into Evidence)

HEARING OFFICER DAHLEIMER: The parties to this procedure (sic) have ex -- executed, and I have approved, the document which is marked as Board Exhibit 2. Among other things, this exhibit contains a series of stipulations, including that the Petitioner is a labor organization within the meaning of the Act, that there are no contract bar, and that the Employer

meets the jurisdictional standards of the Board. I'm right now going to show this to you. This is Board Exhibit 2.

Are there any objections to the receipt of Board Exhibit 2?

MR. HALLER: No objection.

MR. STANEVICH: No objection from the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, Board Exhibit 2 is entered into the record.

(Board Exhibit Number 2 Received into Evidence)

HEARING OFFICER DAHLEIMER: And one more this morning. This is -- this is going to be marked as Board Exhibit 3. These are a series of documents that the parties have entered to the -- to the -- to these proceedings, including a commerce questionnaire, the statements of position, employee lists, and finally, the descriptions of representation case procedure and certification and decertification cases from the National Labor Relations Board. These will be marked as Board Exhibit (a) through (i).

These are the voter lists. This is the first one, and these are the voters in the pru -- petitioned-for unit, and these are the voters, attachment C, here, Board Exhibit 3(d), are the additional voters that the Employer has provided as being in the appropriate unit potentially. The Union's responsive statement of position is 3(g), and the description of representation case procedure and certification and

decertification cases, Exhibit 3(h).

Are there any objections to the receipt of Board Exhibit 3?

MR. HALLER: No objections for Petitioner.

MR. STANEVICH: No objections for the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, Board Exhibit 3 is received into evidence.

(Board Exhibit Numbers 3(a) through 3(i) Received into Evidence)

HEARING OFFICER DAHLEIMER: Are there any pre-hearing motions made to any party that need to be addressed at this time?

MR. HALLER: Not for Petitioner.

MR. STANEVICH: None for the Employer. One note that I'm not sure if this is a concern of not. I know at least five or so employees have been subpoenaed by the Petitioner to testify in -- in this proceeding. Just -- just based upon the number of witnesses that the Employer has, I think it's fair to say that the Petitioner's witnesses will likely not testify until Wednesday or so, so I just wanted to provide that, you know, as a courtesy in order to allow folks to coordinate their work schedules as -- as appropriate.

MR. HALLER: That's good. Thank you.

HEARING OFFICER DAHLEIMER: Hearing no motions, we're going to move on. Are there any motions to intervene in these

proceedings to be submitted to the hearing officer at this time? Hearing no motion -- or hearing no motions to intervene, we'll move on.

Will the Employer please state its full and correct name for the record?

MR. STANEVICH: Pathway Vet Alliance, LLC.

HEARING OFFICER DAHLEIMER: Okay. In Board Exhibit 2, the parties have already stipulated that the NLRB has jurisdiction in this matter.

Mr. Haller, please state the complete and legal name of the Petitioner in this case.

MR. HALLER: International Association of Machinists and Aerospace Workers.

HEARING OFFICER DAHLEIMER: Okay. And likewise, in Board Exhibit 2, the parties stipulated that the Union is a labor organization within the meaning of the National Labor Relations Act.

Pull -- let's see. So the parties in Board Exhibit 2 have stipulated to the issue at hearing -- or at -- at matter here. I'm going to pull that up. Board Exhibit 2 reads that the sole issue that precludes reaching a stipulated election agreement in this case is whether the appropriate bargaining unit -- unit includes the first option, which is only those employees who work for the Employer at the Employer's 825 White Spruce Boulevard, Rochester, New York facility, known as Veterinary

Specialists and Emergency Service (sic), whether that is the correct bargaining unit, or the second option, which is the employees of the Employer's 19, that's 1-9, Rochester-area facilities.

We're going to have the Petitioner go first. Can you please briefly summarize your position on that -- on that question? Bill, that's you.

MR. HALLER: Oh, I'm sorry. Michael, I apologize. Please repeat that question.

HEARING OFFICER DAHLEIMER: For the question of -- so the subject at matter, the -- what the parties stipulated to is whether or not the -- the correct bargaining unit is the single facility at 825 White Spruce Boulevard or if it is the Employer's 19 area facilities, Rochester-areas facilities. Can you please state on -- briefly summarize on the record the Union's position on that subject?

MR. HALLER: Yes, so and it's just -- just what you stated. The Union has petitioned for essentially a wall-to-wall unit. That's the Veterinary Specialists and Emergency Services facility. The Union believes that is an appropriate unit for purposes of collective bargaining, and that's the unit in which the election should be held.

HEARING OFFICER DAHLEIMER: Okay. And -- and will the Employer please state their brief position on that matter?

MR. STANEVICH: The petitioned-for unit includes only

those employees working at VSES and none of the other Pathway locations in the Rochester area. This approach fractures the most appropriate bargaining unit, which is a multi-facility bargaining unit. The employees at VSES share a substantial community of interest with the other employees in the Rochester area. The record will show that the employees at VSES and that the excluded locations share the same and/or similar skills, duties, and working conditions, are functionally integrated with the respect to clinical and nonclinical operations. There is a continuum of care for our patients throughout the entire network, from general practices to the specialty hospital to the laboratory services that are -- are provided, and ultimately to the crematorium services that are available, as well.

The evidence will also show that there is substantial interchange amongst the locations in the Rochester area and the employees are subject to centralized control of management and -- and supervision, so the Employer believes the most appropriate bargaining unit would cover all of the locations that it identified in its statement of position.

HEARING OFFICER DAHLEIMER: Okay. Please be aware that because the single verse multi-facility issue involves a presumption under Board law, the presumption being that a single facility unit is appropriate. As the burden lies with the party seeking to rebut that presumption, Employer counsel,

you must present specific detailed evidence in support of your position. General conclusia -- conclusionary statements by witnesses will not be sufficient.

Let's see. Is -- we're going to go -- I -- we're going to have the Petitioner and then the Employer respond to this. Is there any collective bargaining history between the parties that you know of?

MR. STANEVICH: No, there's not.

MR. HALLER: Yes.

HEARING OFFICER DAHLEIMER: Just -- just for the record, that was Employer counsel then Petitioner counsel.

MR. HALLER: Yeah, I'm sorry. Petitioner --

HEARING OFFICER DAHLEIMER: Yeah.

MR. HALLER: -- agrees there's no history of collective bargaining.

HEARING OFFICER DAHLEIMER: Okay. In Board Exhibit 2, the parties stipulated that there are no petitions pending in front of other regional offices of the Employer (sic). In Board Exhibit 2, the parties likewise stipulated that there are no bars to conduct of the election. In Board Exhibit 2, the parties stipulated that the correct and appropriate bargaining unit is described as included all full-time and regular part-time employees and excluded administrative employees at 524 White Spruce Boulevard, Rochester, New York, managers, supervisors, veterinarians, and guards.

Other than those issues that we discussed, the issue of whether this is a single or multiple-facility unit, are there any other issues that I am not aware of at this point in time, Petitioner?

MR. HALLER: No.

HEARING OFFICER DAHLEIMER: Employer?

MR. STANEVICH: I don't believe so.

HEARING OFFICER DAHLEIMER: Okay. Okay. So having gone over the stipulations and -- and all of that information, I'm going to allow the Employer to present their case. Mr. Stanevich?

MR. STANEVICH: Thank you, and good morning, everyone. The Employer would call Odis Pirtle as its first witness in this proceeding.

MR. PIRTLE: Hi, I'm Odis.

HEARING OFFICER DAHLEIMER: Okay. Please raise your right hand.

Whereupon,

ODIS PIRTLE

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Okay. Please state your --

THE WITNESS: I do.

HEARING OFFICER DAHLEIMER: -- name and spell it for the record.

THE WITNESS: Odis Pirtle. It's O-D-I-S. Last name is Pirtle, P-I-R-T-L-E.

HEARING OFFICER DAHLEIMER: Okay, go ahead.

DIRECT EXAMINATION

Q BY MR. STANEVICH: Good morning, Odis. How are you today?

A Great. Thank you, Jason.

Q Odis, are you employed?

A I am.

Q And what is the name of your Employer?

A The Pathway Vet Alliance.

Q Okay, and do you have a position with Pathway Vet Alliance?

A I'm the chief operating officer for Pathway Vet Alliance.

Q And how long have you been the COO for the company?

A I took the role of COO with Pathway in late May of 2019.

Q Can you give us --

A So --

Q -- a -- an overview of your educational background?

A Sure.

THE WITNESS: I -- I think my screen is a little glitchy. Are you guys (audio interference) --

MR. STANEVICH: You're --

THE WITNESS: Hello?

MR. STANEVICH: Well, now, your screen appears to be --

THE WITNESS: I'm here.

MR. STANEVICH: -- closed. Okay, there you -- we go.

THE WITNESS: Yeah, I'm -- I'm sorry. For whatever reason, my screen just got a little glitchy.

THE WITNESS: My background, Jason, I believe that was your question. So I graduated Texas A&M University in -- I'm a class of '91, graduated in cla -- in '93 with a background in rangeland ecology and management. My -- my background prior to that was I grew up on a working cattle ranch. I (audio interference) knew I was going to always (audio interference) --

MR. STANEVICH: Odis, let -- let us -- us -- let me stop you right there.

THE WITNESS: -- (audio interference) --

MR. STANEVICH: We're having a hard time hearing you.

THE WITNESS: -- and rapidly (audio interference) --

MR. STANEVICH: Yeah, we're going to have to do something about --

THE WITNESS: Okay.

MR. STANEVICH: -- that. We're not getting a good record.

THE WITNESS: Okay. I can move offices if -- and see if it's a -- if I can find a better signal. Do you want me to try to do that? Okay, I'm sorry. Sorry, guys. I -- I'm -- thought I was on a stable connection. Just give me a second.

HEARING OFFICER DAHLEIMER: I was muted for that. We're going to go off the record until he moves offices.

(Off the record at 10:20 a.m.)

HEARING OFFICER DAHLEIMER: Okay, go ahead.

RESUMED DIRECT EXAMINATION

Q BY MR. STANEVICH: Oh -- Odis, my -- my last question to you, and then your answer was -- was garbled, was can you just give us an overview of your educational background.

A Sure. So I graduated college from Texas A&M University with a degree in rangeland ecology and management with a specialty in beef cattle production. So I was always knew I would be in the veterinary industry in some form or fashion. After college, I -- I rapidly found my first sales position in the -- in the animal health space with Pfizer Animal Health.

Q Okay. And can you just walk us through your career background starting from that position, ultimately up to your -- your current role with -- with Pathway Vet Alliance?

A Sure thing. In 2002, I started my first sales position in the State of Texas as a territory rep or a territory manager for Pfizer Animal Health. I was promoted to run the State of Texas in 2003. 2007, I actually moved to the East Coast to run the eastern sales region for Pfizer Animal Health. This was all companion animal sector, and it was in 2007. And then, in 2000, I believe, '12, '13, somewhere in that time frame, I moved into a role running U.S. channel for all of -- of Pfizer Animal Health, and we rapidly became Zoetis, which was a spinoff from the Pfizer Animal Health business. I ran the U.S.

channel department and the U.S. sales department for that business for a period of time before relocating back to Texas to take the chief executive officer for the THRIVE business, which was a new de novo or a startup business that was an affordable care model.

Q And when you say affordable care model, in terms of what type of services are provided?

A Ge -- general veterinary health. So that -- that business -- that affordable care business was -- was meant to do roughly about 85 percent -- 85 to 90 percent of all procedures that a -- a general practice would conduct, with only the exclusion of ambulatory, you know, emergent services or any kind of services that require overnight care. That was the -- the -- the limited scope of the THRIVE affordable business.

Q Okay. And then, turning to Pathway, can you tell us what Pathway Vet Alliance is, when it was formed, and really what type of services are provided by the organization?

A Sure. So Pathway is -- well, I'll start with Jason Trautwein, our founder. Jason Trautwein is a veterinarian. He purchased his first practice after graduating vet school, and -- and I'm not exactly sure of the year that he purchased his first practices. He accumulated up to 15 practices before he sought professional management because he was -- he was trying to do all things and be a practicing veterinarian and

realized the challenges that -- that came with running multiple practices, so he hired a professional management team to -- to manage and run the business.

The business evolved tremendously in the 2016 -- the 2000 -- late-2015-early-2016 time frame when he took on his first financial partner, and that was Morgan Stanley Private Equity. Morgan Stanley made an investment in the business which enabled him to hire professional leadership and professional managers and to -- to build support functions for the business. So that was really when Pathway started to take off was in that early -- I'm sorry, mid-to-late-2016 time frame.

Pathway, as a general rule, what we do is we -- we run -- we acquire and we manage veterinary practices. The way in which we do that is we have support teams that are in the field supporting veterinarian hospitals, as well as back-office functions, so we have legal, marketing, people operations, finance, and -- and the main functions that would -- that would support and prop up the business that we run in a centralized fashion so that veterinarians and veterinary staff can do what they do best, and that's practice medicine and support pets.

Q Odis, can -- can you tell us a little bit about what Pathway's growth strategy was in 2015, 2016, and how that has transitioned over time?

A Sure. I would say in the early years, we were -- we were

very opportunistic. There were not a lot of consolidators or aggregators in the business outside of Mars and -- and NVA and one other well-known one, VetCor, at the time. We were very much competing with those individuals or those groups trying to buy practices where we had the opportunity to buy, so again, just restating it, we were very opportunistic at the time. Fast forward to my time coming into the business, we became more strategic and more laser focused around trying to purchase and develop what we call ecosystems today.

Q Before we get into ecosystems and what you mean by that, I just want to back up so the -- the record is entirely clear. What is the primary function of -- of Pathway Vet Alliance?

A Sure. Our primary function is basically to support veterinarians, you know, first and foremost, but we -- we have a -- we have support teams and support functions and we manage and -- and we own and manage and build veterinary hospitals.

Q And can you give us a -- a current overview of the -- the scope of the company, and what I mean by that is the geographical footprint and -- and the number of employees.

A Sure. Let's see, the number of employees, we are just under 10,000, and I don't have an exact number for you, but -- but -- because we're in active acquisitions of other practices as we speak. We are just under 10,000 last I checked. I believe we're in 37 total states, and including our joint venture locations with Petco, where we -- we have stores that

are located within Petco retail facilities, we have around 450 practices, and I -- I think just -- just the scope from a geographic standpoint, we have practices from Hawaii all the way to Maine.

Q And how has the scope of the business changed since 2016 in terms of the number of locations or the number of states?

A Sure. 2016, when -- when I be -- came into the business, we had roughly -- I think there were three operating THRIVE businesses and we were in the process of opening our fourth. We now operate north of 120 locations that are called THRIVE Affordable Pet Care. I believe there was in the neighborhood of 39 general practices and specialty practices within the organization at the time, and now we're north of -- of -- of 300.

Q Odis, you mentioned a term "ecosystem", can -- can you explain what that is and how it relates, if at all, to Pathway's current business model?

A Sure. I will -- I -- I know I'm going to go into more depth in the -- one of the presentation decks here in a second, but -- but if -- just from a high-level perspective, the -- the most important thing is -- is these are tightly clustered geographic locations that we're either building or acquiring because of the -- of the nature of the pet owner, and we have the ability to use some proprietary tools that we call membership to make sure that we create a circular effect in a

referral basis for all of our locations, but it -- but it really starts with a tight geographic cluster of hospitals that function together and operate as one unit.

Q Okay. And -- and what's the reason that Pathway focuses its business model on acquiring those tight clusters of -- of practices?

A It -- it's -- I guess the -- the best way to describe it is -- is kind of this hub-and-spoke effect. So our goal is to start with a multi-specialty ER facility in the center of a geographic area that has the ability to accept referrals from general practices that are circular or surrounding those centralized locations. Does that -- does that answer your question?

Q It does. And are there any operational benefits or synergistic value in purchasing or acquiring or developing a highly clustered group of practices as opposed to focusing on standalone locations?

A I think there are a -- or we believe there's a number of benefits, and I mean, a -- again, if I -- if I go back to -- if I just look at the operation specifically, we want to make sure that we can reduce the -- the amount of administrative burden on the practices specifically, so -- so we can again enable veterinarians and staff to do what they do best, and that's take care of pets. The most important piece of this is how the consumer actually experiences us and builds loyalty with us,

and so we want the consumer to have access to points of care from -- from entry level all the way to the highest spec -- specialties and all the way, frankly, till they're no longer with us. So we're trying to create a -- a client-centered effect where the client can, you know, a -- again, experience us in all facets of care.

Q So if I understand you correctly, perhaps the initial point of contact for a client is with a general practice?

A Absolutely.

Q And then, additional --

A Generally --

Q I'm -- I'm sorry. Go ahead.

A No, generally, if -- if you -- if you have a puppy, you go through a -- an experience with a general practitioner, typically, and that's who your -- your initial vaccinations, deworming, et cetera, and so that -- that's the -- the basic entry point of care in -- within our ecosystems, the design is to have, you know, that level of care all the way to the highest ologies of veterinary medicine, and so as you guys would experience every degree of specialty in human medicine, cardiology, ophthalmology, radiology, et cetera, fill in the blank, we -- we're building ecosystems to contain all of those specialties within the business to serve that pet owner.

Q Odis, I'd like to show you a document that's been marked as Employer Exhibit 1. I'm -- just bear with me. I'm opening

the document now, and then I'll share my screen.

A Okay.

MR. STANEVICH: Can everyone see my screen?

THE WITNESS: Yes.

Q BY MR. STANEVICH: Odis, I'm showing you the -- a slide -- a multi-page slide deck. The first page say, "building ecosystems", and is dated November 12th, 2020. Are you familiar with this presentation?

A I -- I am. I -- my -- myself and our -- my director of operations built this deck.

Q Okay. And have you presented this deck to anyone in the past?

A More times than you would imagine. Yes, I presented this to our regional support teams, our support offices, meaning all facets of the business here in Austin, and -- and many other people on a -- on an -- as an as need -- as-needed basis.

Q Okay, and I -- I see a date in -- in the lower right-hand corner, November 12, 2020; do you see that?

A I do.

Q Okay. And -- and what is that -- that date and is there any significance associated with that date?

A I believe that was the date -- so this deck was presented multiple times. We've -- we presented -- I believe the November 12th date was the date that I presented to our support offices, and that would be our legal, marketing, finance, and

the teams here in the Austin market. I believe the week prior, and I'm not 100 percent certain about this, Jason, but directionally correct, I presented this to our regional support teams, and I can check those dates.

Q Okay. So Odis, I'd like you to spend a few minutes just walking us through the highlights of this presentation. I'm going to have some questions for you either as we get to a particular slide or after you complete the slides, but let me see if there's a way I can -- you know what, I can flip through the slides, and if you can just give us, you know, a quick overview, and you can tell me when to move to the next slide. That may be the easiest thing, okay?

A Sure. If -- if you don't mind, I think the best way to do it because I'm -- I'm literally working on a 13-inch screen, if you can put that in presentation mode, it'll --

Q Okay.

A -- probably blow it up a little bit bigger for me.

Q How is that?

A Perfect. That's perfect.

Q All right.

A Right.

Q All right. So I'll move to slide 2, here.

A Okay. So Jason, just so I'm -- I'm on the same page, I -- I just -- you want to hear the details of this just like we presented it with -- with our support teams here in the office?

Q That -- that --
A Okay.
Q -- is correct. I want to fully understand the ecosystem model, and then we'll talk about how it applies to the locations at issue.
A Okay, perfect. All right, so we began the presentation with just kind of celebrating our successes and acknowledging our professional teams that -- that support veterinary hospitals. At the time, we had just completed our 298th acquisition. THRIVE had opened its 100th location, and -- and we were extremely proud. This was very celebratory, and we were laying out our strategy for the future.

We continued kind of just acknowledging some of the things that we were celebrating. We had just allocated a payment of $2.5 million in HIPS to 203 locations, and so I want to take a minute to explain that HIPS is.

We really have three programs that acknowledge people. We have a veterinarian incentive program. We have a TIPS, which is a -- I'm -- I'm sorry, let me say it differently. We have a VIP, or a V-I-P, which is a veterinarian incentive program, that acknowledges veterinarians and rewards them for being within our organization. We have a team incentive program that is -- we call TIPS that is rewarding our team members, meaning our support teams for supporting hospitals. In the last one we have is our HIPS program, which is our hospital incentive

program, that we -- we -- we compensate and give bonuses to our support team members for running successful operations and continuing to grow their business.

At this point in time, we had allocated $2.5 million in HIPS payments to our professional team members, and when I say professional team members, those are nondoctors. That's CSR technicians, practice managers, and such, so that they are a part of a growing family. And so -- and I'll continue moving through, unless you have questions there.

Q Just a -- a quick question. The -- this HIPS program, would it also apply to the locations at -- at issue here today?

A Absolutely. It -- it applies to every location within our business that is eligible, and so they have criteria for growing hospital EBITDA and performing and running a successful business, yes.

Q Okay. And I see in the bottom bullet point there, it references the company has launched new programs such as parental leave, Bright Horizons, and a new 401(k) plan. Does that apply to all locations, as well?

A It absolutely does. It applies to everyone. And so if you -- if you guys are unaware, we -- we launched the first and best-in-class parental leave program, and -- and we can get additional details for you for that. Bright Horizons was basically a program to support people in the challenging times of COVID. We knew that people were having trouble with

childcare, having trouble getting to -- and -- and with adult care, you know, as we have a number of team members that were caring for their aging parents and things of that nature, and so we basically created a -- or partnered with Bright Horizons to offer an employee benefit to support people with childcare, with tutoring, and adult care, and things of that nature, so it was a first of its kind, as far as we knew, launch at the time, and then we were announcing our official match -- 401(k) match program for 2021.

Q Okay. And you -- you -- you testified that this applies to all locations. Just so we -- we're clear, does this also apply to the new -- newly acquired locations in Rochester?

A Yes, it ab -- absolutely applies to every location.

So we moved on to -- to kind of talk a little bit about what we were trying to create. It's important that, you know, we had shared with everyone that our number 1 job was to support hospitals. Our number 1 job was to support our support teams, and so we kind of kicked off with that message. We announced our -- we were in the process of announcing our official ecosystem strategy to all of our businesses and making sure that they knew that this was not going to happen overnight. There was a lot to do in the meantime as we were working to execute our strategy fully --

Q Okay --

A -- (indiscernible, simultaneous speech).

Q -- we'll now move forward to the next --
A Uh-huh.
Q -- slide, which I believe is slide 5.
A Perfect. So this is really how we kicked off the whole ecosystem definition, looking at how do we aggregate, consolidate, and build new locations in a definable market, and -- and -- and at this point, Jason, we had -- we had changed our strategy fairly dramatically from being opportunistic to -- to acquire in locations where we had the opportunity to build and to acquire and to grow all facets of the business, meaning starting with those specialty and -- and general -- and ER hubs, and to -- and looking at buying and building general practices in and around those markets.

It really centered around the geographic locations, and so what we're looking for is inside of -- you know, 60 to 90 miles would be extreme -- on the extreme outer edge for us to -- to be working and to consolidate, so we wanted to make sure that we were tight, and the reason we wanted to be tight is because we have to use a team-based approach in managing our hospitals across our business, and I want to explain what that means.

So there's -- there's really two forms of support. With our team and our RST, or regional support teams, or our DOE, and I'll introduce that information to you guys here in a little bit, but we wanted to be what we call "present to win", and our -- and our directors of ecosystems, as well as our

practice managers, we wanted them to be close. There were many situations where we share practice managers managing multiple hospitals, and as well as our teams or our technicians rotating across hospitals to support pet owners where the pet owners needed to be supported, and so we have multiple different examples of practice managers working across different hospitals, our DOEs trying to be tightly clustered running one group of hospitals, and our technicians and doctors circulating among hospitals at the same time. Given the -- the -- the limited resources in this business, and I'm talking specifically about veterinarians and technicians, it's absolutely critical for us to be able to operate in these types of tightly clustered geographies, so that we can best support pet owners.

We were also talking a little bit about how we were building a sustainable path to engage, motivate, and develop professionals. We've launched a number of tools called Reflektive and things of that nature to recognize our teams, to reward our teams, and to make sure that they were getting credit where credit was due for -- for doing great things to support our business.

And then, lastly, our long-range goal is to launch our proprietary pet owner membership program that will include benefits, not just in one location, but will -- will include our specialty practices as well as our ER facilities and -- and

basically recreate what we consider to be similar to a Kaiser-type of a network where we can keep people in our ecosystems and keep them within the Pathway family of practices, if you will.

Q Can -- can you give us an example of how that would work for a -- a pet owner that starts with -- with basic care?

A The pet owner membership specifically?

Q Correct.

A Sure. We'd launched a program called the THRIVE PLUS Membership within our THRIVE hospitals currently. What that does -- well, well, let me -- actually, let me back up. Let me back up, and I'm going to make sure you understand the problem and why the solution is important. The problem for veterinary -- in the veterinary industry is it was somewhat cost prohibitive to -- to visit the veterinarian, and so because of that, you've seen an emergence of Dr. Google as we -- as we call it affectionately in the industry, and so people Google how to treat their pets for certain conditions. Our goal was to -- to lower the barrier to entry so that pet owners had free and willing access to veterinarians and veterinary professionals to seek the care that they needed versus anecdotal care that they might receive on the internet.

So we launched the THRIVE pet care membership, the THRIVE PLUS pet care Membership, and that was intended, again, to lower the barrier to entry because what we in -- in the end did

is we gave them free exams and a discount on services, and what we saw as a result of this is we saw the pet owner moving from coming one time to one -- to between one and two times annually to visiting sometimes up to five times per year, and our -- our core belief as -- as -- as veterinary professionals is that we drive much greater medical outcomes.

Now, to your question, Jason, how does this apply to an ecosystem specifically. We have been working through en -- enhancing those benefits to be -- to -- to -- so that the pet owner could access et owner could access care in any THRIVE or Pathway hospital within a market. We want to -- so that you don't -- you're not married to one specific practice. You have access to, in the Monroe situation, up to -- to 17, 18 practices. We're also working now to enhance the membership platform to include supplemental benefits and discounts where we can -- you can receive that care in our specialty practices as well as our ER practices. And the one key component of this that's very important to us is that we make sure that we keep our doctors whole, and so that the doctors are never penalized for giving a discount. We actually compensate our doctors to make sure that they stay whole (audio interference). There?

Q Moving on to slide 6.

A Perfect. So the benefits of the ecosystem, and I probably talked a little bit about this already, and -- and -- and sorry if I get ahead of myself. We're very passionate about the

strategy and passionate about what we do. But our membership, one of the reasons we wanted to expand is we had enough experience that we know it resonates very loudly with pet owners. They like it; they want it; and they will come if you give them the opportunity. It was all centered around lowering the barrier to entry and disintermediating Dr. Google like we talked about already, and I think creates a tremendous amount of -- of -- of loyalty, as well as revenue improvement for our business, and -- and it -- and it basically funds our business so that we can do more for our doctors and for our professional teams, and what I'll reference there is our -- our B-I-P, our T-I-P, and our H-I-P, our BIPS, TIPS, and HIPS programs. So that's the -- the membership expansion.

I mentioned already that we wanted to leverage the power of referrals, and so I'll -- I'll -- the example I used in this scenario. Where we have relations and relationships and we have evidence of our team sharing across locations, we've seen a 30 percent -- that 30 percent of our referrals in one of our locations called Heart of Texas here in Austin, Texas, 30 percent of those new pet owners that are coming into that specialty practice are coming from our THRIVE pet care business, which are -- which are general practices locally that surround that Heart of Texas location. And -- and so we were -- we were very much -- we were very successful in generating referrals with just relationships, and now the goal

is to take and expand the -- the membership strategy beyond relationships so -- so that we can benefit and increase that number of referrals and staying within our ecosystems.

Let's see. Is there anything else I can clarify for you on this one, on leverage our referrals?

Q No, but just a quick question. In -- in the second bubble there, there's a reference to GP and specialty care. Can -- just so for the record's clear, can you distinguish or define those -- those terms for us?

A Sure. So the THRIVE GP is -- the THRIVE is -- I have to talk a little bit about the affordable care model that we created. The general practitioner is -- is very similar to the specialty without the advanced ologies. So there would never -- I guess in a nutshell, any time you re -- require a specific specialist in the form of an ophthalmologist, which is very in depth, a cardiologist, and things of that nature, but -- but they'll do mostly everything that a specialty care location would do, with the exception of, you know, something that requires specialty equipment, like an MRI or a CT scan or some -- something along those lines.

Q Okay, moving to slide 7.

A Actually, I -- I'll -- I'll clarify. If you go back one, I'll just give one more comment. Again, our belief, fundamentally, and I believe everyone in the veterinary industry is -- is the more times you see pets and the better

and the more contemporary you see them, the better the medical outcomes always be, and that's really how we -- we base -- every decision is based on medical outcomes and how we can add value to the pet owner. So we can move on now.

The last -- the -- this -- this slide really has to do with how we support our teams, you know, getting closer to the hospitals. I -- I made the comment early -- earlier about be present to win, and that's really what we want. We want our teams to be closer to the hospitals with fewer numbers of hospitals to support, and so part of this -- this presentation -- part of this presentation today back in November was really to announce we're reducing our span of control. In some cases, we had one director of ecosystem supporting up to 28-plus hospitals, and we were shrinking that number dramatically, trying to get down to a number of somewhere between 14 and 20 because we feel like those are manageable -- manageable numbers of hospitals.

We also wanted to reduce the travel on our teams. We wanted them to know our teams better. We wanted to try to support their work/life balance and get them off of airplanes on a weekly basis and to start creating more senses of communities, and -- and frankly, I think one of the best I -- best examples for the veterinary community that -- that we had and -- and we were targeting was -- was something like the -- was like the Monroe system.

We wanted to engage our teams. We know that burnout is very high in our -- in our business. You guys know that this is a very high suicide profession. A lot of people make this a career for a very short period of time and move on, but we wanted to be closer to our teams so that we could help them avoid burnout, identify the issues where we saw them being stressed earlier, and to support them with -- with -- with tools like Reflektive and support them with tools like Bright Horizons and things of that nature so that we could see the -- the issues coming and address them proactively.

And then the last point is really we wanted to start to -- to build our pipeline in a much better and more intentional manner, and so I'll give you -- the best example I could use is we have -- when -- when a practice manager decides to retire or resign, that practice is left in a very big -- in a very big challenge because they are responsible for, you know, just simple enough, the day-to-day schedule, and so we wanted to -- be -- have our directors of ecosystems closer to the hospitals so that we could build succession plans for all of our practice managers so that we could maintain that business with continuity.

Let's see. We were working to create career advancement opportunities. We've got numerous examples where practice managers have elevated into our support teams. We've got multiple different examples of that, and not only in my

regional support team, but in our business development team, as well as -- I'm trying to think of that -- and our people ops business, I believe, as well, in their integration seats.

And then, we wanted to make sure that we had, again, very intentional strategies with all of our hospital locations to create opportunities for growing the number of interns, the number of externs, and the number of residents that we would be building in our organization, and so if -- if you had a life event, Jason, and you were a resident, we have an opportunity for employment across the country. Anywhere you want to go versus you starting over if you had to relocate across the country, we wanted to -- to create opportunities to -- to host you as our -- as our resident there.

Q Well, there's just going back to the -- the previous bullet point about career oppor -- advancement opportunities for all. You walked us through an example for practice managers, but would that apply to other employees at a particular GP location or a specialty location, such as, you know, a licensed bed tech or an animal care attendant? Does this model increase their opportunities as well?

A It increases their opportunity within that hospital as well as when our -- within our support teams. I'll -- I'll give you just a couple of examples. Our head of learning and development right now came from a practice in Austin, Texas. She was a practice manager. She has -- actually, has a PhD.

She had moved into the head of our learning and development department. We also have another practice manager that moved out of South Carolina into our Austin offices to work with -- within our business development team to be a -- to be an analyst, to help us identify opportunities and to -- to find practices and to qualify practices to grow into our ecosystems. We've got examples across the board of all levels of our teams advancing in the organization.

Q Okay. And before it slips my mind, you referenced one term a couple times, and I'm -- I'm not sure if I caught a definition or an explanation of the term, and that was "Reflektive", if I think I got that right. Can you just -- in case I missed it or I forgot to ask you about it, can you just give us an overview of what that is?

A Yeah, Reflektive is a tool. I'm -- I'm trying to think of exactly how to describe it. Reflektive is a -- is -- is an online tool that we use, so I can give a team member kudos when I see them doing something great. They can do the same for me, and so it's really an -- it's an organizational tool where everybody has an opportunity to recognize and to reward each other for a job well done.

Q Moving to the next slide, slide 7. Any -- anything here you would like to tell us?

A Yes, this -- this -- this is actually -- this slide was the basis of our whole business strategy, and -- and so we use

this slide, you know, probably every single week in some form of a discussion, and so really these are the four -- the four components of our business strategy. The pet owner or consumer strategy, and we talk a lot about that, and there's a ton of work being done behind that. Our leadership and hospital teams, and when I say leadership in a hospital, I mean all the way down to the -- the directors of ecosystems to practice managers as well as our -- our technician teams that -- that rotate across organizations to support each location.

We've actually put some energy into acquiring a tool called Jobs Unleashed that'll be -- I think it'll be a part of the discussion later, but -- but at the end of the day, that tool that we're acquiring is used just to fill shifts, and so our practice managers are using that actively across the country to fill shifts for both doctors, as well as technicians, to support pet owners.

Let's see. The professional team pipeline, we put a ton of energy and a ton of investment in -- in what we call our chief professional relations or our professional team pipeline, and so we have a gentleman, Dr. Bob Murtaugh, who was the founder of the Emergency and Critical Care College or college -- is one of the founders, I should say, of the ECC. Bob is -- put a ton of energy into three -- I guess, three key areas.

One, working with distributive learning programs, and distributive learning programs are for colleges that -- that the majority of the teaching skills for veterinarians specifically are done in practicing hospitals, so they have curriculum that they have to fill, and so Bob is working with our -- our distributive learning programs, and we're actually mentoring a number of externs in our system to become veterinarians and we hope to employ them.

The second one is our -- our residency program, and so whether it's an internal resident training program or a university-sponsored residency program, he helps to coordinate and -- and to enable locations to host residents, so I'll give you just a quick example of what that means. A resident will graduate veterinary school, do an internship, complete a residency, and the residency is -- is to -- to learn the specific specialties of the ology. So like, for instance, in -- in Monroe itself, we have multiple surgical residents that are learning and will become board ci -- certified surgeons that we will -- we will work with in the future.

The third area that Bob's focusing on on the professional team pipeline is the technician process. And so our technicians right now -- I'm sorry -- last year, we hosted 75 of our existing technician teams to -- to complete a Penn Foster learning opportunity to become veterinary-licensed veterinary technicians, so we hosted 75 last year. We're

hosting 125, and this is a scholarship program that we provide to better their -- their skillsets to create a long-term career in working with us for a period of time, as well.

The last one is what we're doing here, and a lot of this is invisible to many of the practices. It's how we're supporting them from a technology standpoint, and that's all the way from the -- the practice management system, or PMS that we call it, to the telephone systems, to our membership structure, and how we connect a pet owner with an EMR, or an electronic medical record, across our network of hospitals.

And so there's a ton of work being done in every one of these streams, and so this slide -- this slide I speak to and use often in a lot of our conversations on an ongoing basis.

Q And -- and -- and just to correct the record, I had referred to this slide as slide number 7. It's actually slide number 8. With that, I'll -- I'll move it over to slide number --

A All right.

Q -- 9.

A If -- if -- if I'm being redundant, just please tell me, Jason, but I can talk about all these. So I've already mentioned the pet owner strategy, so when I was presenting this to our regional support teams and our support teams here in Austin, it was really to identify what we're doing, so number one, we were -- we were launching our pet owner strategy within

our Pathway locations. We wanted to continue to ex -- to -- to scale them and lastly to expand them to include additional supplemental benefits across more locations. We were in the process of exploring a "powered-by" logic that is actually in -- evolved -- that's evolved into an endorser strategy, and I'll talk a little bit about that here in just a few minutes when we get to the -- I think it's two slides from here.

And let's see. And then we were looking at how do we -- after our pet owner strategy, how do we track a pet owner across our networks and understand what they needed and what -- how we were -- they were actually leveraging the -- the membership strategy across our hospitals.

I've already talked a little bit about the leadership and hospital teams. We wanted to, again, again, reduce the span of control so that we could get closer to our teams, elevate our team members. We wanted to minimize the number of changes in leadership at -- in -- in -- and I want to explain that here in just a second. We wanted to create local ownership within the markets but also to coordinate and connect our team members so that we could share members, but also make sure that we had comfort in referring pets from one location to the other, and really to own the P&L, and the P&L from an ecosystem perspective, not from a single site location perspective, and so we measure it at the single site, but we want to report on the -- on the ecosystem itself.

And so I want to -- I want to clarify one bullet that I mentioned just a second ago, when I minimized some of the leadership changes that we had across our organization. We were on a growth trajectory literally that was, you know, 45 degrees up. And it was super-fast. And so what it was requiring us to do, Jason, at the time, was because of our -- our growth and the speed of growth and the number of locations that we were acquiring, we had to reorganize our business a couple times. And so the director of Ecosystem faced the change from year to year, just because of -- of -- we didn't have a clear defined strategy. And so we started to, kind of, evolve this so that we could minimize the number of changes that -- that our hospitals would see and experience. And they would have consistent direction from one DOE, in that we could scale that into the future, which -- which was critical.

Our professional team pipeline, I think I talked a little bit about that already and what Bob's role was to do, and that was basically to help us to create staffing opportunities for the future. We did refine our chief medical officer strategy. Our chief medical officer prior to this time frame had been Bob Murtaugh. And he was evolving into the CPR, or the chief professional relations officer strat -- title. Scott Schatzberg, who's a veterinarian neurologist, stepped into our chief medical officer role. And -- and prior to that, he had been running our specialty lane. And so we were evolving out

of the specialty lane of business that -- that we reported in into the Ecosystem strategy. And so we elevated Scott to give us a -- a kind of a broader leadership role there.

Q Okay. And I believe on the -- on the last segment here, technology convergence, I think you covered this already, but just a bottom bullet point "Team Sharing". What do you mean by that?

A Yeah, team sharing was -- was -- is associated with both doctors, as well as our technicians. And so again, I'll -- I'll reference, there is an extreme shortage across the country of both veterinarians as well as technicians. And so part of what we do in most of our markets is, we've evolved to a team sharing strategy where we share technicians and we share doctors based on their willingness and ability across multiple hospitals. Because for -- for two reasons, one, there's a shortage; number two, the jobs that they do are very similar, and very similar to a point, unless you're talking about the most advanced ology and the most advanced care levels that -- that you might experience with a cardiologist, or in some cases a surgeon. But for the most part they do the same job.

And so we -- we've actually invested again in a technology that will finish our acquisition later this year called Jobs Unleashed that will help us to coordinate that in a more systematic manner versus a dialing, you know, picking up the phone. And that's the -- typically the way that our -- our

practice managers do that now, is they pick up the phone and they call another hospital and say, can we borrow? And we're trying to put some systemization to that to better support the doctors and support pet owners.

Q Odis, I was -- I was going to cover that technology, Jobs Unleashed, towards the end of your testimony. But this seems like a good segue, if you just want to provide us a high-level overview of what that program is and where it stands right not in terms of implantation across the country.

A Okay. Well, let me -- let me cover the -- the -- the last part first. In terms of implementation, our THRIVE business is -- our THRIVE business use it -- uses it extensively across all of our hospitals across the country. We'd probably have another, I think, I don't know the number exactly, just stating for the record, around 12 to 13 markets that are using it to -- again, across the country. And I -- and we -- we'd have that information. We have actually a point person that runs that, that runs that tool and helps to train and implement it across the country. But it is -- it is an invaluable resource to our practices so that they don't have to slow down their days or limit their -- limit the number of pets that are coming into the hospital.

So what it is, and -- and I'm going to tongue-in-cheek a little bit here, comment that the veterinary hospitals still use fax machines extensively. And that's a rarity. And many

of our hospitals still use Rolodexes. And many hospitals across the country have not even upgraded to a cloud-based practice management software. And so what you see in practices a lot of times, if -- if you're a practice manager and you're building your schedule for next week or next month, whatever that is, you start with your doctors, you fill your doctors in on certain days, and then, you build your support structure for those doctors up right there sensibly. And where you have gaps, and you don't have the ability to bring in one of your colleagues, the first thing you do is -- well, you do one of two things, you call a relief agency or you call your existing team members and ask them if they're interested in overtime, or you look to people that you know that have filled in shifts in the past.

So the Jobs Unleashed platform is intended to, again, systematize that Rolodex, so that when you identify opportunities to fill shifts and fill days, you can post that and it will automatically communicate with all of those three different resources with -- with relief agencies, with your existing employees, and with people that have source you've used in the past. So Jobs Unleashed is an invaluable tool that will help us staff our locations going forward.

Q And if I understand you correctly, that this system is in place at all of the THRIVE locations?

A It's in place with our regional managers and our -- and

our area business managers. They're the people that are building those up. And with Pathway, we have a number -- and I don't know the number, we have a large number of locations that use this to support their hospitals specifically. And typically, that would be a practice manager within the Pathway side of the business.

Q Okay. And is there any intention to expand this to all of the Pathway locations?

A That's -- that's the basis for us acquiring the -- the platform. So 100 percent we will be expanding that across all of our locations.

Q And would that include the Rochester cluster of locations?

A It would absolutely include the Rochester location. Two things that are noteworthy. We are -- we are not just in the business of running hospitals. We actually own the -- the largest group-purchasing organization called Veterinary Growth Partners that provide services for over 6,000 veterinary hospitals across the country. They're coaching. They provide group-purchasing options and things of that nature. We do a lot of additional things. We will offer Jobs Unleashed to all of those locations, so that we can better support those hospitals as well.

And if I jump back to the very first bullet point, "Crack the PMS", the PMS. We actually own the technology as well called a practice management software that is a cloud-based

system called Vetspire. We acquired that last year. I'm sorry. I believe it was -- I don't know the closing date on that. Jason, I'm sorry I don't have that information handy. But we've acquired practice management software that helped with clinic flow, that helps with, you know, the capture of electronic medical data and medical records. And eventually, the intent will be to integrate Jobs Unleashed with our practice management software called a -- Vetspire. And to offer that to all of our practices consistently across all -- all locations.

Q Okay. Thank you, Odis, for that. I think the next few slides we can move through quickly. So just let me know when -- when to stop. And we can talk a little bit more.

A Okay.

Q Slide 10 appears to be a transitional slide. Slide 11 talks about integration activities. Anything you want to discuss here?

A Yeah, just -- just high level. Again, we were informing all of our teams how our organizational structure looked. Originally, before I came into the business, the integrations team was succinct and -- and I guess a different business unit. And so they have the function that they controlled. And then they handed everything over to operations. We felt like there was a lot of gap between our integrations team and our operations team, and so we merged them in. And when we get to

the org chart, you'll see how the integrations team started to flow into our business. And I think that's -- that's the highlight for this piece.

Q Okay. Then, we have a transitional slide, slide 12, which is full of brands. And then, slide 13 appears to be some example of -- of brands. I'm not sure if any of this is relevant to your presentation. But I'll let you tell me that.

A Yeah. I'll -- what I -- what I wanted to make sure our team's heard and understood during this presentation, was that we had made a commitment to our -- to our partners. And that basically their -- their legacy would remain intact. And so what we were -- we were trying to make sure we reenforced is that we were not changing anyone's brand in any of our locations. We made a specific point to just call out some of our businesses here that -- that are very loyal to their -- to their brand and their legacy that they created within their markets. And we wanted to make sure they understood that our intent was to -- those legacy brands would remain intact. That's it.

Q And just so we're clear, when you say legacy brand, that would be the name of the organization, or the entity, before Pathway acquires it?

A Exactly. That's exactly right.

Q Okay. So we're -- for this particular case at issue, the predecessor organization was Monroe Veterinary Alliance, or

Association; is that right?

A Well, they all have individual -- they all have individual hospital names.

Q Got it.

A And -- and that was the goal as not to -- not to disrupt those individual hospital names whatsoever.

Q Okay. All right. And then, moving to a slightly different topic. I want to get into the organizational structure. Can you outline for us -- I'm going to move to slide 15, the high-level organizational structure for -- for Pathway?

A Sure thing. So we were moving to a -- a new structure where we had -- had, kind of, carved the markets to where they would support each other in a more holistic fashion. Originally, we had two -- what I would call group vice presidents that were in charge of operations. And they had east and west. Actually, they had specialty NTP (phonetic throughout). I'm sorry, I said that wrong. We were moving to our Ecosystem strategy. We carved the business up to -- to manage under four regional vice presidents and build the support structure underneath them. And this is what that region looked -- that card looked like.

Q Okay, then. And moving on to slide 16?

A Slide 16 was just really, kind of, a nomenclature, so that we were all talking about it the same way. The Ecosystem is

really the core of the business and -- and kind of the smallest unit we would be reporting on and keeping it close, then the area, and then the region, which would go up to those region VPs, so fairly -- fairly insistent.

Q Slide 17?

A 17 was really just what went into the design. You know, we -- we -- we spent a ton of energy here in the support offices making sure that we had alignment on what our strategy is. We had a cross-functional team that would -- went into discussing all of this. Because at the end, we allocated every functional area into a specific region. And we wanted to make sure that we did this with organizational sustainability in mind.

And when I say sustainability, remember I said because of our rapid growth pace in the past, we had a number of teams that control, or change of faces that lead these hospitals. And so we wanted to make sure that we -- we did not run into that into the future. And then we also wanted to create a process in the last box of -- of how we identified the folks that were leading each one of these regions. And that we -- we built a process to -- to interview and to evaluate the talent level and their capabilities, so that all qualified candidates were considered for the roles.

Q And then moving into the operational organization structure in a transitional slide here at 18. I'll move to

slide 19. Can -- can you tell us what this flow chart represents?

A Sure thing. This is my direct report. My -- at the time, this was my -- my organization. So if -- if I -- if I move to the left, there was a -- we have a veterinarian named Dr. Taylor Marchman. He was our vice president of medical operations. Taylor basically is in charge of -- of creation and building of any infil -- any program, or programmatic design, is a better way to say it. He also oversees our radiology business unit, as well as a couple of pricing folks and in a -- in a project manager.

If you look to the right, Julia Conner is our director of operation. And she has two project managers that support her. She is effectively the -- helps me with all communication and implementation. So it's the execution arm. So there's the creation, or development side, with Taylor. And then, there's the execution and communication side with Julia. Beneath that, you see the four regional VPs with Miranda, Teresa, Bridget, and Wendy, as well as our chief medical officer, Dr. Scott Schatzberg. They all -- this is -- this is my effective team here.

Q Okay. And moving to slide 19. Just quickly tell us what this slide is.

A This is Scott's direct reporting team. So this is the medical excellence arm of our business. So when I -- if I just

run quick left to right, Bob is in chief pro -- chief professional relations, so he houses all of the development programs that we talked about already, residents, technician externs. Kelly Cairns is a veterinarian. She's a -- I believe she's an internal medicine specialist, is a support arm. She helps with medical excellence initiatives across the country. Tony Coronado is our national director of ER services. Tina Cloud is an operations specialist for what we call our ODD group. And ODD is our opto, derm, and dental specialist.

We've acquired three very type-boutique specialties within the business. We had three medical directors, or regional medical directors, for the THRIVE. And then we have a specialty director board on the far right. And just to describe that, in every key ology of our business, we have one person allocated as the lead -- I'm going to make it a ophthalmologist, cardiologist, a lead surgeon, a lead opto -- oncologist, and throughout all the ologies. Does that make sense?

Q That makes sense. Okay. Then, moving over to slide 20?

A Again, these are just the operational VPs that I'd mentioned earlier. And -- and from east all the way to the west with -- with the four here.

Q Okay. Slide 21, is this just the organizational structure for -- for the east?

A It's just the organizational structure. I'll call two

things out here. Well, I'll call a few things out. So below Miranda, you'll see Julie Berry and Dolores. Those are the integration specialists that we were rolling into the operational chain of command that we had never done before. On the right of that, we have advisory leaders that Miranda interacts with on a consistent basis. And these are what I would call bulk leaders across our business. That it built and managed and operated successful large facilities across the country. And so -- so just to make sure that she has a point of reference, because she's not managing hospitals specifically and directly, she has a team that are coming to her to make sure that -- that she has a pulse on what's going on in the hospitals.

The last point I want to make here, on the far right, is this is the first time we had effectively rolled our THRIVE business and our THRIVE business leaders into our organizational structure. And so in making them part of the Ecosystem versus the standalone business.

Q All right. Then, the next few slides -- well, actually, let me just back up. So Miranda, as the VP for Region 1, would she ultimately oversee the Rochester-based operations?

A Yes. Yes. New York would fall in her geographic realm of responsibility.

Q All right. So slide 22 would be the -- the same slide, but for the Central Region, correct?

A Exactly.
Q Slide 23, just Region 3 for the west?
A Right.
Q And then, Region 4 would be the other region that covers the -- the northwest and the southwest; is that correct?
A Exactly.
Q All right.
MR. HALLER: Jason, just -- just for purposes of the record, I think you're one off on all these slide numbers.
MR. STANEVICH: That could be my -- my mistake if we're off.
MR. HALLER: It's not a big deal. But it may confuse somebody reading the record.
MR. STANEVICH: Yeah, I -- I think you're correct, based upon -- perhaps we can fix it up when we -- we get the transcript.
Q BY MR. STANEVICH: And then just last couple of slides. Odis, just let me know if there's anything you want to cover here. The slide that covers timeline and next steps.
A Yeah.
Q This one of the Ecosystem.
A This was just a -- us communicating the time frame of -- of what was going to be communicated, who it was going to be communicated to, and how we were going to be doing that. So -- and we were setting the stage for transitions. I think that

comes in the next slide, actually. But -- but we were -- we were actually rolling out a lot of the -- the -- the forthcoming strategies. So the additional detailed slide here -- so the -- actually, I want -- I want to spend some time here, just a second.

We restructured our entire business in meeting our support office to have functional areas supporting functional regions, if that makes sense. And -- and -- and I want to make sure you guys understand what I say there. Our finance team had been basically one team supporting everyone holistically. We wanted to give -- I'm going to use Miranda as the example. Miranda, one point of contact for finance, one point of contact for Work -- Workday, one point of contact for SharePoint, one team that she would interact with on a recruiting site consistently, and one marketer. And so basically, this was an entire redesign of our entire business, just to support those functional regions.

Let's see. And -- and then, we just wanted to, you know, give it a note of support that, you know, there were going to be -- there was a lot of work to do. Specifically in the transition, we wanted to have warm handoffs. I think we can switch to the next slide. I think that's what I'm referring to.

Q I -- I just have a question. And we may get into some of this with other witnesses today or tomorrow. Workday, what is

that? Is that an HR system or some type of other system used by the organization?

A Yeah. Workday -- Workday is an ERP. It's -- it's a backend system that supports our entire organization. So if you look at most Fortune 50 companies, I -- I don't know what the number is, but I believe it's 75 percent plus are using Workday as a support function. And that's how we manage our teams. How we manage our payroll. How we manage our finance. And it has a lot of other functionality and capability. But it's how most large companies operate.

Q And do you know whether the Rochester location, that issue in this proceeding are on that Workday platform?

A They if -- they -- they would've been rolled onto the Workday platform during the integrations process, yes.

Q Okay. And then, the next bullet point says "SharePoint Site Design and Development". What is that?

A SharePoint is basically how we create documents that we share with our teams. A lot of teams will edit those documents. And so it's a way of getting out of version control. So on SharePoint, we would share one Excel document that would give PMs access. And they can communicate information back up to us. And we can track it on -- on an accurate basis.

Q Okay. And then, the next bullet point, "Recruitment", which I think speaks for itself. But then, it says, "POPS,

P-O-P-S Alignment". What is -- what is that term?

A That's people operations partner. So a lot of people would call that HR support. We call it people operations support.

Q Okay. All right. And then the -- the last slide with "Content" on it. And anything here, Odis, would you like to cover before we wrap up this presentation?

A I -- I mean, basically, our -- our asked of the team was, we needed to continue business as usual. We had a ton of things going on. We always do. And then, in the -- in the fourth quarter, budget creation, inventory management to make sure that we finish our year strong and we don't -- you know, we just have to create a -- a consistent process. We didn't want to disrupt all of the work that was being done in the hospitals. And we wanted to continue to support our people. We wanted to make sure that everybody understood we weren't flipping to the Ecosystem strategy overnight. There was a ton of work that had to be done from an alignment standpoint. So we had to get that work all accomplished. And that everybody wouldn't be getting membership overnight. So there's just a ton of work that had to be done during that time frame.

Q The third bullet point from the top mentions "Inventory Management". Is there any centralized inventory management across the organization, the Pathway organization?

A I -- I got to -- I'm trying to think how to explain that

to you. There's not a centralized system. They're all managed locally. But we give guidance on how we would like to be managing inventory. But -- but we do report it on a consistent basis. We report it on a quarterly basis, so that we make sure we manage our P&L effectively.

MR. STANEVICH: Okay. I have no further questions on this document. I would move Employer Exhibit 1 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, it is received into evidence as Employer Exhibit 1.

(Employer Exhibit Number 1 Received into Evidence)

Q BY MR. STANEVICH: Odis, in -- several times during your presentation, you referenced a job known as the DOE, the director of Ecosystem who reports up to a regional VP.

A Um-hum.

Q Can you just, you know, give us some -- a little bit more of an overview of what a director of Ecosystems is responsible for?

A Sure. I'll describe it like this. You may be familiar with the term regional operations manager. A lot of organizations actually refer to them -- a similar role as a regional operations manager. Our directors of Ecosystems are the point of contact for the hospitals. So we try to manage, again, the somewhere in the neighborhood of a 14 to 20 hospital locations, depending on the size and complexity. They are the

face of Pathway to our hospitals. They help us manage the personnel, the -- the recruiting, the marketing engagement and support.

And so if you go back to that next to the last slide, all of those functional areas, they maintain the point of contact with all those functional areas, as well as the hospital point of contact. And they help us run the front of the business on a day-to-day basis.

Q Okay. And in the situation where we have the hub-and-spoke model that you outlined before, where the specialty hospital may be the hub, the other locations, the GP sites, are the spokes, how does the DOE relate our -- well, what responsibilities would the DOE have between that hub-and -- the hub and the different spokes?

A Sure. Well, their -- their direct points of contact will be the practice managers and the medical directors within all the locations. So they have daily -- weekly, if not daily, interaction with all of those managers of all those facilities. Does that answer your question?

Q It does. And we'll have some more testimony on that later -- later today. So we can -- we can move on for now.

I'd like to share my screen and show you a document that's been marked as Employer Exhibit 2. And I'll just scroll from the top to the bottom.

A Yep. Do you want me to comment on this?

Q Yes. So I just wanted to make sure everybody was able to just quickly review it.

A Sure.

Q Odis, just -- I'd just like you to identify this document for us.

A Yeah. This is the director of Ecosystem job description that all of our -- our DOEs operate under. And really, we -- we categorized all of their activities in four key areas; people, teams, and hospital culture, in making sure that they're supporting, you know, the appropriate building of culture support teams, and the people management across all the locations, experienced management. And so we -- we don't have a centralized NPS work -- we do a lot of localized NPS work. We're working to roll out NPS management, or net promoters for on the part of pet owners. And so they will be responsible for enrolling -- I'm sorry, engaging and improving net promoter scores for all of our hospitals. Fiscal management is just the effective management of P&L in making sure that we manage the -- the P&L within certain realms of -- of norm. And lastly, just operational excellence and how we provide medicine for pet owners. So --

Q Sorry, I didn't mean to interrupt. Go ahead.

A No, no. And that's -- that's just the four -- the four key areas that we -- we gauge our -- gauge our team members on.

Q Okay. And just to go back to the fiscal management

component -- component you mentioned that the DOE has responsibilities for P&L and key performance indicators. Would that be for all of the facilities within a particular Ecosystem, or only a subset of that?

A No. It would be for all of the locations that they're responsible for. So again, the design lists everything in the Ecosystem. It functions as one business unit. And so our -- our DOEs are overseeing one P&L for that Ecosystem. They manage -- you know, if the -- that one roll up is the sum of the parts, obviously. But they're responsible. They have one -- one P&L for each DOE that we review and we can monitor them.

MR. STANEVICH: Okay. I would -- let's see. Let's back up.

Q BY MR. STANEVICH: And is this the job description for the director of Ecosystem that's currently in place across Pathway --

A Right.

Q -- and that would include the Rochester Ecosystem?

A Yes.

Q Okay.

MR. STANEVICH: I would move Exhibit -- Employer Exhibit 2 into evidence.

MR. HALLER: Objection.

HEARING OFFICER DAHLEIMER: On what grounds?

MR. HALLER: I'm sorry, I said no objection.

HEARING OFFICER DAHLEIMER: Oh, no -- okay, understood. No objections, it is received as Employer Exhibit 2, the director of ecosystem job description.

(Employer Exhibit Number 2 Received into Evidence)

Q BY MR. STANEVICH: Okay. Otis, I'd like to show you a document that has been marked for identification as Employer Exhibit 3. I'll just scroll quickly through it so folks can see what the document is, and then I'll ask you to comment on it.

A It's -- I mean, I would say it's fairly straightforward in outlining, you know, all of the responsibilities for the practice manager, which -- which is a very challenging job, to be very honest, very challenging role. But they are -- they are responsible for the day-to-day operation of the hospital.

Q And is this the practice manager job description that's currently in place across Pathway?

A Yes.

Q And would that also include the Rochester area locations?

A Yes.

Q Okay. Let me just -- I may have one or two questions on the job description. It does mention towards the bottom here that the practice manager manages a team of employees. And I know this may depend on the particular practice, but in general, what type of employees would a practice manager be

responsible for?

A In general, every practice will have a -- a -- a customer relations professional -- that's basically somebody that answers phones, that books appointments, that checks out colleagues, that is a friendly face to pet owners as they enter the building. So we have customer relations professional. We have vet assistants; we have licensed vet technicians; we have kennel professionals. And we have doctors, in all those locations, but that -- for the most part, those four -- those -- three of those four roles are consistent across every veterinary hospital in the country. The vet assistant, licensed vet technician, customer relations professional, and doctor. So there's four.

The only -- the exception is, in some cases you'll see practices that have very -- a large kennel presence, or -- and that be daycare, boarding, and some of those natures. That -- that will vary, just depending on the location and what the physical footprint looks like.

Q Okay. So we'll have some more testimony about those specific positions later, so I'm not going to ask you to get more granular at this point.

MR. STANEVICH: I would move Employer Exhibit 3 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Exhibit 3 is entered

into evidence. Re -- received into evidence, I -- I should say.

(Employer Exhibit Number 3 Received into Evidence)

Q BY MR. STANEVICH: Otis, are you familiar with the -- the acquisition of -- of the Monroe System?

A Very much.

Q Okay. And did you know of the Monroe System prior to Pathway targeting the system for acquisition?

A Ye -- yeah. I -- I first became aware of Monroe, I believe in the 2008 time frame. So I -- I knew of -- of Monroe. Visited the site multiple times in my role as a regional -- a regional business manager for Zoetis. I'm sorry, it was Pfizer Animal Health at the time, but I met -- visited with them when it was Zoetis as well.

We -- it was a very -- a very, very large customer, and so I visited with one of my sales reps and the sare -- the sales manager at the time. Was immediately impressed by the operation, what they had created. I mean, outside looking in, they were exactly what we believed -- I'm sorry, we were -- we're an integrated business, and so we knew that, you know, they had a -- they had a number of general practices. They had a specialty in ER practice; they were actively sharing teams and sharing team members.

And so -- so I was aware with -- of them a long, long time ago, before I came into the business. And probably within, I

don't know, six months of my employment within Pathway, I was with THRIVE at the time, mentioned to our business director -- or business development team, Mike Bland, who runs our BD team, that we needed to be there, maybe looking at this from a strategy perspective, because it was a very, very attractive business.

Q And you may have summarized this already, but why was Monroe an attractive target to Pathway?

A I mean, it was -- A, it was a tightly clustered business. We believed it to be a very well-managed business; very tightly geographically clustered. Had the ability to refer and share teams. They had a laboratory system integrated at their business that served those facilities, as well as a crematorium, you know, so they -- they -- I guess they partnered with pet owners from, you know, cradle to grave. So it was a very, very attractive business for us.

Q And -- and what -- what did you mean that they refer and share -- share teams or team members?

A Well specifically, the way that they shared professional teams across the location. So with that meaning, you know, customer relations professionals, technicians, and in some cases doctors. That was important, but -- but also the way that they were sharing referrals internally within their hospitals. And so they were very well-organized, you know, support -- I mean, sending, you know, cases that needed to be

elevated to specific specialty functions across their network internally as well.

Q Okay. And obviously at a certain point, the organization decides to -- to move forward with the -- the process to acquire the entity. Can you walk us through the steps that Pathway generally follows in these types of situations, and if you've got any specific information about MVA, please feel free to share.

A Sure. I think that -- well, let me -- you know, at one point in time, again, if you go back to prior to 2018, we were very much word of mouth referral-based. Mike continued to elevate his team to develop a professional team to identify opportunities across the country, and who we thought might make good partners.

So -- so at -- a lot of it starts with word of mouth as long -- as well as some scoping of who they are and where they are, et cetera, and how they fit into our ecosystem. But we have evolved dramatically.

So the first thing that we do is we -- we ask ourselves internally the question, does it make sense, as part of our ecosystem strategy? And so if they can't contribute to a current building ecosystem, are they an existing ecosystem? So there's two -- there's two check steps.

And then three, we have a business development team that approaches the principles of the business to just have a

conversation and a discussion with them about, you know, how do they think about partnership; how do they think about -- fit with what we're trying to build, and -- and we start just having conversations. I think I was on maybe four different conver -- I think I was on three calls with the principles of MVA to just talk about how we see partnership, and making sure that our -- our philosophies aligned, if that makes sense.

Q And -- and what type of philosophies are you looking to -- to be on the same page, so to speak?

A I mean, the first thing that we were very clear on, with -- with all of our partners is we're not an on-site presence every single day. What we rely on is strong local leaders to continue to manage the business and to -- and to build in a reporting structure where they're communicating with our directors of ecosystem to -- to make sure that we're all staying connected, I guess is a good way to say it. But -- but -- but our -- but from a philosophy standpoint, we need strong leaders.

And -- and the second step is in how do we find organizational or operational synergies in the business. And so if we're culturally aligned, if we're aligned on the doctors and the leadership teams staying intact, meaning continuing to run those businesses on a day-to-day basis, then we move to a diligence process to understand the operational synergy effect when we partner. And when I say operational synergy, that

means how do we absorb their marketing function, and so that we have -- we have best in class marketers in our business that are developing strategies to market on their behalf.

Same thing with finance. We typically replace the finance, or the AP and the AR teams, within their business within a centralized management function. We replace their legal function typically. And -- and every functional area of the business, we absorb with a central support structure that most of those folks are based here in this Austin office. And so --

Q Go -- go on. I'm sorry.

A So it's culture, leadership, diligence, and then we arrive at a conversation that says, this is how we value the business, and you know, and we start to work through that process, which I'm partially involved in. The majority of that happens with our business development team.

Q So you've outlined to us a number of operational synergies that we look to bring in-house, so to speak. Has that been done for this tight cluster of Rochester locations?

A Yes. Yes, it has been employed.

Q And -- and specifically, of all those items or subtopics you -- or departments you've addressed, which ones have been brought into the Pathway fold?

A I believe every single one of those functions are part of the integration and the transition process. So I believe

every -- every function of that -- that has been brought in-house.

Q Okay. And -- and what are the benefits of doing so?

A I think there's really two benefits. One, we have -- well, probably three things. One, we have experts in ar -- all of these areas. We have marketing that's -- that's -- we have outstanding marketers. So A, we can bring a best in class approach to virt -- virtually every facet of it.

Two, we can -- we -- we get better economies of scale, meaning it costs us a lot less to manage 400 hospitals from a finance standpoint than it would for you to go hire, you know, an accounting department to manage and support a small number of locations.

And third, we get more effective hospital P&L performance. And so we get better management down at the -- down at the hospital level because we have economies of scale when we purchase. Because, remember, I mentioned earlier, we have a secondary business that is called Veterinary Growth Partners. So Veterinary Growth Partners allows us to buy a scale that's better than that of Mars, who owns 2,000 hospitals. And so we get better -- we get better cost basis for everything that we do, you know, moving forward.

Q Otis, you -- you mentioned before, as part of the evaluation process as to whether to move forward with an acquisition, one of the things that Pathway does is to look to

whether the target, it is an existing ecosystem, or it could be folded into an ecosystem that the company already has. Which one was it for Monroe?

A With Monroe, it was an easy decision because it was an intact ecosystem. So we could actually take the ecosystem and bolt it onto our -- our business. More importantly than just being an intact ecosystem, it was a mature ecosystem in virtually every facet of what we're trying to create from an operational strategy or an organizational strategy. They've done it, and we knew that we had the opportunity to learn how they shared teams, how they had internal referrals, how they operated in the internal laboratory, how they operated an internal and owned crematorium. And so how these business operate as one functional business unit, we knew we had the opportunity to learn more from them than we could actually take to them.

Q So is -- is -- is it fair to say that the existent ecosystem of the Monroe system, it aligns with what Pathway's been trying to do with its own ecosystem program?

A It aligned very much -- it aligned perfectly with what we were trying to create and what we're trying to build and create.

Q And was there any consideration given to the fact that this particular system, the Monroe system, was located in -- in Western New York?

A Yes, I mean if we -- we don't own anything in Western New York. It was a complete -- it was a complete, you know, new area for us to -- to operate. We operate in the eastern side of the country in New York City. The only reason we considered it, again, was because it was a complete intact ecosystem that could bolt on, and it made a lot of sense for us that had a director of ecosystem present in resident, with Sheryl coming in to -- to elevate and manage the business. It was a complete bolt-on to our business.

Now, if you counter that, Jason, we -- we walk away from deals every single day right now that don't fit into our ecosystems.

Is everything okay?

Q Yeah, go ahead.

A Oh. So -- so if -- if this were a one-off location in Western New York, we would never even have the conversation; it would actually have been crossed off our list for -- for consideration at all.

Q Why -- why -- why is that; why would you not consider a one-off?

A Because our strategy is to build tightly geographic clusters that function together. And so one of the criteria that we use in our BD and M and A process right now is -- and I'll -- and I'll -- I'll use a great case in point. We had a conversation with our BD team a couple of weeks ago. They

wanted us to buy a hospital in Wilmington. And we said no because we don't have clusters of practices there that we can integrate and operate together. We only want to operate in clusters.

Q All right, last topic. I'd like to show you a document that has been marked as Employer Exhibit 4.

A Um-hum.

Q Otis, do you see the document that is on the screen?

A Yep, I do.

Q Okay. And this is entitled "Excerpts from due diligence summary", closing date May 14, 2021. Can you explain to us just, you know, what this document is and how you're familiar with it?

A It -- it's part of our diligence summary. I mean, our -- our BD team puts these things together for a couple of different reasons. One, to socialize the business internally to make sure that we're all talking about this the same. And -- and it's a desirable business to proceed. And so it just lists a summary of the practices, summary of the org charts and the summary of the equipment that -- that we would -- we would go through and you know, in a consideration process.

Q Okay. Otis, we're going to get into some detailed testimony about the different practices, and services, and equipment later today. But I just want to walk you through

this document and see if you can identify a -- a few things for us.

Okay. Just for an -- the -- the second page appears to be a description of a -- a particular location, correct?

A Um-hum.

Q And it looks like this location is the Animal Junction Veterinarian Clinic; is -- is that fair to say?

A Yep. Yes.

Q Okay. And I -- I see there's a -- about halfway down, there's a website listed. Are the web -- the preexisting websites of these locations still maintained by Pathway?

A Websites are -- are in the process -- now, this is -- this probably takes us a little bit -- one of the -- one of the steps that takes us a little longer to integrate. So as I'm aware, these -- these websites are continuing to be managed on the resident server where they're hosted today. Over time, we will evolve them and move them into our -- our own managed website locations. But currently they're -- they're not -- they're not centrally managed, I don't believe.

Q Okay. And just right above website, I see clinic type. It says GP.

A Um-hum.

Q I know we may have covered this earlier, but just -- what -- what is a GP clinic?

A Just a general practitioner. This is what your -- where

you'll -- where -- if -- the average pet owner with a dog that's vomiting or needs a vaccination, this is their starting or entry point of care.

Q Okay. Going on down, I see there's a title "medical director". What is the medical director position?

A Yeah, the medical director, I guess in a nutshell, is in charge of the doctors, managing the doctors, and managing the medicine in the practice, so that we make sure that there is not substandard medicine being practiced or antiquated medicine. And so they're in charge of medically -- medical quality standards in those practices.

Q Okay. And right below that I see practice manager. You -- you've walked us through what a practice manager is. Clinic description, we'll -- we'll get into that later. At the bottom, it says "number of DMVs". What is -- what is a DMV?

A It's a veterinarian. There's a couple of different classifications. DMV or DVM -- or DMV just -- there's a couple -- a few different classifications, but all of those signify a veterinarian.

Q Okay. And then it says number of support team members. Just again, in general, what type of support team members do we see at a -- at -- at a GP practice?

A You're going to see the same that you're going to see in every type of practice. You're going to see customer support representative, CSR. You're going to see veterinary assistants

and licensed vet techs. And if they have boarding, and -- and the need, that they would have kennel professional.

Q Okay. And -- and do I understand your direct -- correctly that the -- the medical director would oversee the veterinarians and then the practice managers would oversee the support staff; is that generally how it works?

A Generally how it works. A lot of times, the practice manager will be in charge of scheduling all in the practice, and so a veterinarian typically will not report directly to a practice manager, with the exception of a very high level practice. But they will -- they will report to the medical director specifically.

Q Okay. And then just going to the next few slides. So I -- I assume Animal Junction Veterinary Clinic, that was part of the acquisition?

A Right, correct.

Q And -- and would it be also true of Bayview Animal Hospital?

A Sure. Yes, sir.

Q Canandaigua Veterinarian Hospital?

A Um-hum.

Q Cats and Critters Veterinary Hospital?

A Correct.

Q Okay. And I don't want to belabor the point --

A And --

Q -- but I -- is it safe to say that all locations that are included in this slide that were part of the acquisition?

A It's safe to say -- it's safe to say that all of these are included in the acquisition. And -- and -- and Jason, for the record, I'm -- I'm familiar with, but not intimate, with any of these practices.

Q Okay. And we're going to have some testimony on that later today, Otis, so that -- that's okay. So -- so let me just scroll through to see if there was anything else here. Can you just tell us what this slide is, Otis, entitled "Location and general description"?

A This -- yeah, this is a map that -- that -- it's -- it's part of our diligence process, and it's part of our -- it's -- it's part of our diligence process, and it's a part of our business acquisition process. And so I'm going to explain that.

Within the initial recommendation for this to come to committee to say this is a desirable target, we will see this map, showing the footprint of all the practices that we're looking at, for every acquisition that we would make. And it would show either the same locations, you're looking at all of the Monroe locations, or it would show competitive locations. Or in the case of those red circles, you'll see what we identify as a Buxton opportunity to go build de novo, and so that will be a location that's highly desirable based on

customer psychographics and demographics that we work with a group called Buxton that we say, if I was going to build a practice, that's where I would build it. And they would give us a detail of why. So we -- we've got this -- this map. So that's -- that's Monroe.

But we also use that across the country. And so we'll see this -- we -- we use a very similar process; the map looks almost identical to this for the entire United States, wherever you want to go buy, and where we want to go build. And so we -- we have a very, very professionalized process to identify highly desirable markets and highly desirable opportunities to build de novo. And that's building.

Q Okay. So if I understand you correctly, the red circles on this map show what's been identified as a desirable market, and then the yellow stars show the footprint of the Monroe system; is that fair?

A Exactly. And -- and so if we wanted to continue to build out this ecosystem, Jason, and to add additional locations, we would look in those two red circles to identi -- to -- to create additional hospitals in those markets.

Q Okay. Let me just move on here. I see a number of organizational charts in this slide deck. Were these the -- are these the current organizational charts, or were these the organization -- organizational structure that existed at the time of acquisition?

A I believe this is the acquisition -- at -- at the time of acquisition.

Q Okay. So we -- we can move through that.

A These are just the existing hospitals themselves.

Q Okay. And --

A (Indiscernible, simultaneous speech).

Q -- what -- what is this slide here, slide -- slide 31?

A This shows the square footage of each location and the number of exam rooms. The number of exam rooms equates directly to your ability to create revenue and to generate revenue, and so to see pets on a consistent basis, the size just gives us an understanding of -- of how efficient the space is, and the ability to add additional specialties -- add additional services to that hospital. So we use that as a general guidelines for how we would look at locations and their opportunity to continue to grow.

Q And let me just back up to a -- a question I probably should've asked earlier. When Pathway looked to acquire the Monroe system, did it look to acquire the entire system, or did it consider just purchasing, you know, individual locations that may be listed on this page here, for ease of convenience?

A We -- we would've never -- we would've never approached an individual location in Western New York because it didn't fit our strategy. Didn't fit our strategy, doesn't offer any advantages, because if you go back to our support teams, and

some of the discussion points I've made there, we want to tightly center and be present to win with our support teams. We do not want to -- to be traveling, you know, three hours one direction to see one, or two, or even three hospitals. We want to build clusters that have the ability to refer pets to our centralized sup -- specialty and ER locations.

Q And so that goes to the hub-and-spoke model you referenced earlier?

A Right, 100 percent.

Q Okay. And then just two more slides here. Let me see if I can make this a little bit bigger because it's hard, even on my eyes on a bigger screen. The top left-hand corner, it says "radiology equipment review", and then it looks like the next slide is the same thing. So let me just go back one. Can you walk us through what these two slides are, and you know, why this is included in the due diligence report?

A Yeah, so -- so A, we want to know what kind of equipment exists in all of our locations, and how it supports -- supports medicine there. I think the -- I mean, it -- it's -- it's basically just a general inventory of equipment that -- that -- that is in every practice. We -- we track this for all of our locations because, again, what we try to do is to negotiate if and when we were to have to replace equipment, we would have an aging report so we understand how do we -- if -- if we know we -- we're going to have to buy 10 Konica x-rays, we want to

go negotiate to get economies of scale.

I think what you'll see here is all of the equipment is fairly consistent across all the locations. The only -- the only difference you're going to see when you review these two pages is on the second page. There's two pieces of additional equipment that is in -- that -- that resides in VSES that are the CT and the MRI, and that's really to support, you know, emergency cases and -- and the highest level of specialty care available. Outside of that, machines are fairly similar across all different locations.

Q So for example, the ultrasound equipment that is at VSES, we have same or similar equipment at other locations, correct?

A I -- I -- I believe the answer would be yes. There may be one case where you would see, like, a cardio package on -- on an ultrasound machine that would allow you to see more detail of the heart than -- than at a specific general practice. But -- but outside of that, the machines are -- are going to be very, very similar.

Q Okay.

MR. STANEVICH: At this time, I would move Employer Exhibit 4 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer Exhibit 4 is received into evidence.

(Employer Exhibit Number 4 Received into Evidence)

Q BY MR. STANEVICH: Otis, just one more quick question on one more topic. In terms of federal EIN numbers, the locations in Rochester currently, do they all have separate federal EIN numbers, or do they share one number?

A No, we purchased them under one federal EIN number. So there's one business, effectively.

Q Okay. So you purchased it that way. Have you done anything to change that?

A No.

Q All right. Thank you, sir.

MR. STANEVICH: I have no further questions at this time.

MR. HALLER: May I?

HEARING OFFICER DAHLEIMER: Well, let's -- let's take a brief poll here. At some point in time, I'm going to have a one-hour recess for everyone to have lunch today. Would you -- are your questions -- you know, I'd like to do that before 2 p.m., probably. Do you think you can get your questions in before 2?

MR. HALLER: Oh, absolutely. I don't have -- I don't have that much.

HEARING OFFICER DAHLEIMER: Okay. Well, let's take a five-minute recess. We'll go -- I -- I have 12:03. So let's -- let's -- let's call it 12:10, we'll have everyone back here. We will go back on the record at that time.

MR. STANEVICH: I'm -- I'm sorry, at 12:10?

HEARING OFFICER DAHLEIMER: 12:10.

MR. STANEVICH: Okay, thank you.

HEARING OFFICER DAHLEIMER: Okay, and we're going off the record.

(Off the record at 12:04 p.m.)

HEARING OFFICER DAHLEIMER: Mr. Haller, this is your opportunity to cross-examine.

MR. HALLER: Okay.

CROSS-EXAMINATION

Q BY MR. HALLER: Mr. Pirtle, hi. My name is Bill Haller; I'm counsel for the Union.

A Hi, Bill.

Q Hi. I have just a few questions. I apologize in advance; they're going to be a little bit scattershot, because that's kind of the nature of cross examination, and a lot of these are kind of going in the reverse order of your testimony, because I took notes.

You mentioned when you were looking at the acquisition of Monroe Veterinary Group that Pathway didn't have any facilities that it owned in Western New York. And I noticed in the due diligence document, which I guess is Exhibit 4, on one of the pages, there was a map, and there was an icon next to something in Lyons, New York.

MR. HALLER: Can everybody hear me?

THE WITNESS: Yeah, I hear you.

MR. HALLER: Okay, all right.

Q BY MR. HALLER: Does -- does Pathway have a facility in Lyons, New York?

A I -- honestly, Bill, I -- I think we actually do. I'm not familiar with the facility. I don't touch all of the locations individually myself.

Q Okay, and that's fair enough; there's a lot of them. Understood.

A In my assumption, it --

Q Okay.

A -- was probably part of the early, early acquisition.

Q Okay. You -- you had -- there was -- some of your testimony pertained to the THRIVE organizations. The Monroe Veterinary Group is not a THRIVE organization, is it?

A No, sir.

Q Okay. You also testified about memberships available to pet owners at Pathway, where they get certain discounts for exams and such things. Are those available to pet owners who utilize the Monroe Veterinary Group?

A No, sir, they're not. That is -- that is a strategy that has not been repeated across the (audio interference) country.

Q Okay. Okay. Early on in your testimony, you talked about the HIPS program. I think it's some kind of bonuses for folks at some facilities that are meeting certain goals?

A The hospital incentive program; yes, sir.

Q Okay. And I believe in Employer document 1, it -- let me find it -- it referred to -- and I don't know if you have the documents in front of you, sir.

A The -- which -- which was document 1? I do have printed copies of -- of -- the ecosystem deck?

Q Yes.

A Yes, I do.

Q Yes, that's it. And I think it's screen number 2.

A Um-hum.

Q Okay. Yeah, that's what we referred to that -- okay. The HIPS, it said there were in excess of 2 -- two-and-a-half million dollars in HIPS rewards or bonuses at 203 locations?

A Right.

Q Okay. Would those be discrete general practices or hospitals, that 203 number?

A They would be discrete locations, right.

Q Okay.

A With the exception -- with the exception of a couple of units that we operate as one unit. For instance, our Eye Care for Animals locations operate under one HIP program, and so we treat them as one unit.

Q Okay. How many ecosystems does Pathway have -- Veterinary Alliance currently have?

A I don't -- I don't know the answer to that right off the top of my head.

Q All right. Oh, you testified about a -- a program called Jobs Unleashed. I guess that helps schedule people when they are needed across locations. That's not available for the Monroe Veterinary Group yet, is it?

A It's not been made available to Monroe at this point. We're -- we piloted it in numerous locations, and they're in the process of acquiring it.

Q Okay.

A And at that point, it will be expanded to use in all of our ecosystems.

Q Okay. You testified that when you're looking at developing an ecosystem, that every ecosystem has a specialty hospital as its hub, and then general practices as spokes?

A That's the desire.

Q Okay.

A It's not true of every market, but that is the desire, and that's where we're evolving towards.

Q And I would take it, then, that that's why Mon -- Monroe Veterinary Group, you thought, was kind of a perfect acquisition because it had a whole hub-and-spoke system, with VSES as a specialty hospital?

A It -- it had an entire system that functioned as one business, right.

Q So the specialty and emergency hospitals like VSES are clearly sort of distinct from a general practice; wouldn't you

agree?
A In a few regards, but -- but for -- but not in all regards at all. In a few regards because of the 24-hour nature of care, and some of the higher-tiered specialties that are housed in those locations. Outside of that, they're -- they function largely like routine hospitals, with the exception of those two functions.
Q Okay. But VSES is considerably larger, at least twice as large, as any other general practice in the Monroe group; wouldn't you agree?
A Most of -- most are. Most are just because they have more specialists in the building, have more employees, and they're kind of a central point of care for all those markets. I think the -- the piece that they are all challenged with is continuing the staffing of those locations, and so we do share staff across all locations. And most -- most specialty and ER practice (audio interference) do use employees from other practices as well.
Q Okay. Isn't it true at VSES they're performing specialty and emergency functions that largely aren't offered at the general practices?
A In some cases, yes, absolutely; they have specialists.
Q Okay. And in fact, a pet owner wouldn't bring their pet to VSES to get a routine vaccination, for example, would they?
A No, not at -- not always.

Q Okay. To cite another example, I know for my dog, an unpleasant function, when the anal glands need to be cleared out, we wouldn't take our dog to VSES to have that taken care of, would we?

A You would actually be surprised at the number of cases that show up in ER practices that could be handled, again, in general practices. If you -- if you speak to many, many specialists across the country, they will tell you that upwards of 60 percent of pets that come in from an -- for an ER visit could actually be treated in the everyday general practice.

Q Sounds a lot like a human emergency room?

A Right.

Q Yeah, okay. Not surprising, I guess. Okay. Pathway Vet Alliance is a -- is a for-profit entity, right?

A Yes, sir.

Q Okay. You testified earlier that a primary function of -- of Pathway Vet Alliance is to support veterinarians. The primary function of Pathway Veterinary Alliance is to return a profit for its investors, I guess, by providing functions to support veterinarians; isn't that correct?

A I would say -- yes, I would say that as a mission-driven company, our first and foremost mission is support techs and veterinarians; and therefore, we -- we have this saying internally that says good medicine always equals good business.

Q Let me just check my notes. Oh, yeah, I was confused

about one point. The -- the practice manager, I know it was a job description that was entered into -- into evidence for the practice managers. So each facility has a practice manager, at least ideally?

A I -- ideally, and -- and it depends on complexity. I mean, in some cases, we have one practice manager that manages multiple practices. I think that's evident and apparent in Monroe, as well as some of our other practices. But as a general rule, if you're reaching, you know, 3,500 square feet plus, you probably need a dedicated pac -- practice manager, unless you have a super high-functioning practice manager.

Q Okay. And is -- all right. And who is the practice manager of VSES?

A Andrea serves, I believe, as the primary support manager, along with Sheryl.

Q Okay. Sheryl's her superior, isn't she?

A Right.

Q Okay. And then there's also a medical director, I guess, is one of the veterinarians?

A Dr. Kirk.

Q Okay. I think that's all I have. Thank you, sir.

A Okay.

MR. HALLER: I have no further questions.

HEARING OFFICER DAHLEIMER: Mr. Stanevich, are we going to do redirect?

MR. STANEVICH: I -- I have no further questions.

HEARING OFFICER DAHLEIMER: Okay. Mr. Pirtle, thank you for your assistance today.

THE WITNESS: Thank you. Happy to help.

MR. STANEVICH: Thank you, Otis.

HEARING OFFICER DAHLEIMER: Would you like to call your next witness, or would you -- let's -- let's ask the parties.

Would you rather call another witness or take lunch now?

MR. STANEVICH: So our -- our next witness is, and Maura will correct me if I'm wrong, I believe is Andrea Battaglia. We probably would not get through -- well, let me be quiet for a moment.

Maura, how long do you think you would have for -- for Andrea on direct exam?

MS. MASTRONY: She would probably be, I don't know, maybe 40 minutes, 45 minutes, would be my guess.

HEARING OFFICER DAHLEIMER: So would you rather do it before or after lunch?

MS. MASTRONY: It really doesn't matter to me, you know. I defer to everyone else's preferences.

MR. STANEVICH: We're okay going forward, that's what I hear.

MS. MASTRONY: Yeah, I'm fine with that.

MR. HALLER: That's fine with us, too.

HEARING OFFICER DAHLEIMER: Okay. Please call your next

witness.

MS. MASTRONY: All right, just give me one second to get her on.

HEARING OFFICER DAHLEIMER: While we are waiting for that, how -- until what hour is everyone good going this evening?

MR. HALLER: I'm pretty flexible.

Jason, you had some interest in moving things along, but you know, 5:00 or 6:00, whatever -- whatever you guys want to do.

MR. STANEVICH: Yeah, I think 5; I may have some unexpected childcare obligations later. So I think we can see where we are with the witnesses, and if I can push it a little bit, maybe get through a third witness, let's -- let's do it. I -- I think tomorrow, the witnesses that we have will be a little bit quicker than the witnesses that -- that we have today.

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: Said it's going to take her, like, about ten minutes to get over to where she needs to be to do this. Is that okay?

HEARING OFFICER DAHLEIMER: Okay. That's the next witness. Let's go off the record. It's 12:25. I'll be back here at 12:30, and then as soon as she gets here, we'll --

MS. MASTRONY: Okay.

HEARING OFFICER DAHLEIMER: -- on the record, okay?

MS. MASTRONY: Okay, thanks.

Off the record at 12:26 p.m.)

HEARING OFFICER DAHLEIMER: Ms. Mastrony, your -- your witness.

MS. MASTRONY: Thank you. The Employer is calling Andrea Battaglia.

HEARING OFFICER DAHLEIMER: Hi. Please raise your right hand.

Whereupon,

ANDREA BATTAGLIA

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Please state your name and spell it for the record.

THE WITNESS: Andrea Battaglia. A-N-D-R-E-A, and then Battaglia is B, as in boy, A-T-T-A-G-L-I-A.

HEARING OFFICER DAHLEIMER: Ms. Mastrony, go ahead.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good afternoon, Ms. Battaglia. How are you?

A Hi. Doing well.

Q Are you currently employed?

A Yes, I am.

Q And by whom are you currently employed?

A I'm employed at the Veterinary Specialists and Emergency Service.
Q And what's your position there?
A I am the hospital administrator.
Q How long have you been in that position?
A In the hospital administrator position since July of this year.
Q Sorry. Can you just tell us briefly what that position entails?
A As a hospital administrator, it's looking at the financial health of the practice, and hopefully maintaining that health of the practice, as well as overseeing operations, supervising the supervisory crew, and then anything else that has to do with processes, procedures, sometimes the development of that.
Q Can you just briefly give us your educational background?
A Sure. I'm a licensed veterinary technician. I received my licensure in 1988, and I've been -- and that was through Delhi, which is an associate's degree.
Q Okay. And can you just tell us briefly your -- the background of your career?
A Yes. I've worked in private general practice, and that's veterinary general practice, specialty practice, private, as well as academia. And I've also been involved in publishing, working in sales and marketing. A lot of different areas in veterinary medicine.

Q Okay. Can you just tell us, generally, what services are performed and offered at VSES?

A So we perform services that relate to specialty veterinary services. So that can involve surgery, internal medicine consults. We also involve part-time ophthalmologists. We have some imaging services that we provide, and that's more on the specialty side. And then we provide emergency services that range from anything from a general urgent care visit, up to a service that is required for something that's critically ill or injured.

Q And what are the hours of operation of VSES?

A 24/7, so 20 -- we are not ever closed. So for the emergency services, it's 24/7. For the specialty services, it varies depending on which specialty facility we're talking about or service we're talking about.

Q And what are the shifts typically worked at VSES by the employees there?

A The shifts are a variety. We have some primary shifts that are ten hours. They can be from 7 to 5, 4 to 2, 11 to 9. And then we have a variety of shifts that are in between that; we refer to as float positions. And that expands throughout the seven-day work week.

Q And what are the various positions that are at VSES?

A We have the role of the LVT, which are licensed veterinary technicians, in New York State. All veterinary technicians

need to be licensed. We have animal care attendants. These are individuals who are not licensed; however, they play an integral role in patient care duties. We have CSRs, which are client service representatives. And they are the primary front face of the hospital. We do have what we refer to as EVS, or environmental service individuals; they're more of your janitorial crew. And then we also have coordinators, and the coordinators are individuals who assist with the coordination of the service with scheduling, but also providing invoices.

Q Okay. So with respect to the LVTs; can you just tell us what they do?

A So the licensed veterinary technicians in New York State are allowed to do quite a variety of skill sets: invasive procedures, including venipuncture, monitoring for anesthesia, as well as inducing animals with anesthetic drugs, and then nursing care, and really anything under the direction of a veterinarian and within the realm of what New York State allows.

Q Okay. What about the animal care assistants; what duties do they perform?

A So animal care assistants also provide nursing care. They do a lot of client communication. They'll receive patients within the hospital; however, they are limited to what they can do with the patients under New York State law. This would include anything really invasive, and how we used to term it,

and I say we, in the academic world, it's anything that requires medical knowledge, or any invasive procedure, like venipuncture or administering anesthetic drugs.

Q And what about the customer service reps; what do they do?

A The customer service reps are your individuals who are answering the phones, making appointments, and then also fielding questions of clients.

Q Okay. I think you already explained to us EVS and coordinators, so I believe we've covered all the positions?

A Yes.

Q Okay. Are there separate departments for any of these divisions?

A Yes, there are. So we do have our surgery department, for example. As LVTs who work within the department who -- their primary role is to administer anesthesia, monitor that patient through surgery, procedure, or surgical procedure. And then they have ACAs who assist with instrumentation, cleaning instruments, and preparing packs for the surgery. So that would be the surgery service.

The internal medicine service also has technicians that do act -- the veterinary technical work, but a little bit different, depending on what that appointment requires. So again, more possibly anesthesia for an anesthetic procedure, venipuncture for diagnostics, and et cetera. Their ACAs also do the nursing care, assist with appointments, and then also

with procedures.

And then we have the emergency receiving team, who the LVTs and the ACAs will help nursing care, but also with procedures or receiving anything that's coming in on the emergency service. A lot of overlap.

Q And -- and why is there overlap there?

A So all the ACAs and LVTs within the hospital are -- most of them are cross-trained with most of the duties. So is specific to the LVTs, they are able and allowed to do most of what the other technicians can do within the hospital. So again, venipuncture, anesthesia, administering, as well as monitoring during, and all of the nursing care. The ACAs can absolutely talk to clients, help with appointments, and then assist with nursing care as well.

Q And then, is there a supervisor team in VSES?

A There is.

Q And what does that consist of?

A So the supervisory team consists of LVTs who have their own list of people who directly report to them, and we have one supervisor who's an ACA, and she is the supervisor of the surgery area. One of the supervisors.

Q We've heard testimony about numerous other hospitals within this Monroe group. Are you familiar with the other hospitals?

A Yes.

Q And -- and how so?
A So -- well, we refer to them as our sister hospitals. We do a lot of collaboration as a group of managers to discuss many different things. So whether it's sharing how we're going to approach certain situations, how we approach management of the team, and then any information that's coming in that will benefit the entire group is something else that we collaborate on.
Q And are you familiar with the types of services that the other hospitals provide?
A Yes.
Q And what -- what would that be generally?
A So the other services provide general veterinary services. And when you define what general services, it -- it is usually wellness visits. Also, they'll certainly help with patients that are sick. So like we do, needing maybe some basic fluid therapy for recovery, or maybe it's a surgery for a foreign body. Those are things that overlap a little bit. We -- there are -- most of the general practices will do dental procedures, too, which is something we do not do. So vaccines is part of the wellness that they offer.
Q Okay. What are the real differences between services that VSES offers and the services that the other hospitals offer?
A So VSES offer the services that the general practices may not be able to. So if their patient ends up becoming

critically ill or injured that exceeds their ability to assist, they will send to us. So that would include, let's say, any multi-trauma victim that needs more specialized surgical care for the repair of the bone, that -- that would gome -- come to us. Also, if they're in need of some special imaging. So we have the capability to provide special imaging services, like MRI, CT. And then we do offer an ultrasound service as well.

Q Okay. You mentioned a -- a -- pet may have -- you know, require special surgery. What -- what would be the reason why the surgery could only be done at VSES, as opposed to one of the other hospitals?

A So at VSES, we have specialists. So surgeons who are capable of doing the actual procedure; they have the skill set and the knowledge base to do that actual procedure. And also the equipment. So I -- I refer to bones because it -- it might be easier to conceptualize. But fracture of a bone, depending on what that bone is, and -- and where it's located, may require certain types of drills and plates, and something a general practice certainly wouldn't have in stock. Or the surgeon at the general practice would not have the ability to do the surgery just because it's very specialized.

And not to mention imaging. There's sometimes the imaging is required, CTs and MRIs, that are required to identify where exactly these -- what surgery is needed.

Q And what types of positions exist at the other hospitals,

other than VSES?

A So the types of positions for support staff would include licensed veterinary technicians and animal care attendants. They have what is referred to as a kennel attendant, which we don't have. Our -- the closest form that we have would be an ani -- a hospital assistant. And they also have CSRs.

Q You touched on this a little bit, but can you just tell us, generally, what types of equipment are available at VSES?

A We have a variety of monitoring equipment, which would include your blood pressure, pulse oximeters, multi-parameter monitors. We have anesthetic equipment. So your anesthetic machines, including ventilators. We have our imaging equipment; so that would be our ultrasound, CTs, MRIs. We do have a telemetry system, which is unique for the area. And then we do have syringe pumps, so those are things -- syringe pumps and fluid pumps that assist with the actual delivery of fluid therapy.

Q And what types of equipment are available at the other hospitals?

A I would say, again, they have monitoring equipment. It depends on what level of monitoring that they do, but probably very similar to what we have. They -- some do have some syringe pumps and fluid pumps. We have shared those at times, if they -- if they need it for one reason or another. I would say just they have dental instrumentation, anesthetic machines.

So most everything that we have, they would have, except the higher scale items, like your telemetry system, which is your ECG or the mot -- the imaging equipment. They do have X-ray and some may have ultrasound, but there isn't any other facility that has CT or MRI.

Q You mentioned previously that you interact with the other hospitals. How do you do that?

A So we have weekly meetings with the entire management team of the other hospitals. So that is one interaction that we have. We also -- and certainly since COVID, we've had frequent interactions, and exchanging ideas in how we're dealing with the influx of the large load of cases that we're seeing. But also one thing that they assist us with, and we consistently weekly have interactions with, how are we going to deal with the client load, and if they can help us with either maybe a surgery that comes in that we're not able to do for the fact that we have don't have the staffing, or the surgeons not available. Or just general appointments, so they provide us with urgent care spots that we can send our clients to. Which is very unique, and we're very thankful we have that option.

Q So let me just go back for some of what you just said. You said that you meet weekly. Who do you meet with?

A So the management team of the practice managers from all the sister hospitals will meet on Wednesdays every week.

Q Okay. And what -- what do you guys discuss at those

meetings?

A So usually the agenda contains updates from Pathways. So anything that we need to learn. If there's a new platform that we need to learn to help manage the team, or if there's any information that we need to provide the team that comes through those team meetings.

The other agenda items would include any ideas or shared programs that we're doing for one hospital that could transfer well to another. And then there is times that it's just an -- an exchange of ideas and supports.

Q Okay. Then you also mentioned in terms of interactions with the other hospitals, that occasionally you will have interchange of staff due to shortages. Can you tell us about that?

A So we do have open shift lists that are accessible to other staff members at different hospitals so that they sign up when they can, and that specific to staffing. The other thing that we do is the holiday schedule. So there is a specific requirement for staff from other hospitals to assist us during holiday shifts.

Q Okay. Do you know off the top of your head what those requirements are for the holidays?

A It depends on years of service. So if I remember correctly, it's if you have one to three years with MVA, then your holiday -- your holiday requirements is two holidays per

year. If you have over, I think, three to five years, and please, I -- again, I'm not going on a document, so I'm not exactly sure. But it -- depending on years of service, is -- will depend the number of holidays that are required. So if you -- if it's over three to five years, then you're only required one year or one holiday. And then those staff members that are -- that had employment five years and over, they're only required to do one holiday every other year.

Q Okay. I'm going to -- if that's correct, I'm going to share my screen. Does that work?

A Um-hum.

Q Can you see the document?

A Yes.

Q Okay.

A I remember.

Q So I'm showing you a document that has been marked as Employer's 81. Can you tell us what that is?

A So that is the requirements for holiday, and it's based on whether or not you're full time or part time. But yes, that is what I just shared.

Q Okay.

A Depending on years of service, then it is what your holiday commitment would be depending on the years of service.

Q Okay. Was this requirement ever shared with the employees?

A It was shared. First of all, they did share it through an MVA newsletter, but then also the supervisors would share it throughout.

MS. MASTRONY: Okay. I'd like to enter Employer's 81.

HEARING OFFICER DAHLEIMER: I'm sorry. Employer Number what?

MS. MASTRONY: 81.

HEARING OFFICER DAHLEIMER: As in 8-1?

MS. MASTRONY: Yes.

HEARING OFFICER DAHLEIMER: Okay.

MR. HALLER: Maura, is -- are you going to transmit a copy of that to me?

MS. MASTRONY: Yes. I just realized --

MR. HALLER: Okay.

MS. MASTRONY: -- that I never sent this, because it was not with our stuff yesterday. Do you want it right now? I can do it --

MR. HALLER: No, no. It doesn't need to be right now.

MS. MASTRONY: All right. Good. Then I -- I guess I will.

MR. HALLER: Well, if it makes it more difficult for you, I want it right now.

MS. MASTRONY: Yes.

MR. HALLER: No, I'm kidding. We have no objection to 81.

MS. MASTRONY: Okay, great.

HEARING OFFICER DAHLEIMER: Okay. And this is received as Employer Exhibit 81.

(Employer Exhibit Number 81 Received into Evidence)

Q BY MS. MASTRONY: Okay. Then I'm going to show you what we have marked as Employer's 82. Can you see that, Andrea?

A Yes, sorry.

Q All right. Can you tell us what that document is?

A So this is -- it's MVA newsletter, so it's a Monroe Veterinary Association team newsletter. We would receive these monthly as just some updates going forward for all the hospitals.

Q Okay. Does this reflect anything regarding the shift requirements?

A Yes. On the right-hand side. The column; it's three sections down. It talks about the holiday shift update.

MS. MASTRONY: Okay. And we'd like to enter this as Employer's 82, and I owe you copy of that as well.

MR. HALLER: I -- I have to kind of squint at it. Hold on a second.

MS. MASTRONY: Hold on. Let me -- how's that?

MR. HALLER: Oh, much better. Thank you. Yes, no objection.

HEARING OFFICER DAHLEIMER: All right. Employer Exhibit 82 is received.

(Employer Exhibit Number 82 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Okay. So when the employees do have to work at the VSES to cover holiday shifts, do they have to receive any training to do that?

A They do come in. It's more of an orientation to the VSES, because the employees that are coming in, they are already either licensed veterinary technicians, or animal care attendants, or CSRs who've already -- they're -- they're established in their own hospital, and their skill set transfers perfectly to what the VSES needs. So what they need when they come in for training is really just an overview of what our -- what we refer to as our electronic signature sheets.

So we use a program called Instinct, which no other is using at this time. So we'll have to educate them on how to use Instinct, and then also just where things are located in the VSES, the receiving process of emergency as most end up on the procedure side, so they need to know how to -- how to receive patients. And then for the CSR side, just what the verbiage is that we use for emergency clients.

Q Okay. And I'm going to go to VSES holiday training.

A Yes.

Q All right. I'm just going to scroll through, woah, every page before I ask you about it, just so we can all be on the same page. All right. Can you --

MR. HALLER: Hold on. This is an exhibit, isn't it?

MS. MASTRONY: What's that?

MR. HALLER: This is the one we got already, isn't it?

MS. MASTRONY: Yes, that's the one you have.

MR. HALLER: Do you know what number it is?

MS. MASTRONY: Yes, 43.

MR. HALLER: Okay, thank you.

MS. MASTRONY: Sure.

Q BY MS. MASTRONY: So Andrea, can you just tell us what this document is?

A So this is just the PowerPoint training that is provided before the person comes on to their holiday shift, and it provides just an overview of say things that we want to cover, and that's really what it is.

Q Okay. I'm just going to scroll through. Can you tell us what this block system is?

A So this is just how our patient care is set up. It allows people to know where they need to report to, but also to find what types of patients are within those blocks. So when you look at red, that's where our intensive care unit is located, so our very critically ill or injured patients are in this red block or the ICU.

Intermediate care, or what's also referred to as blues, is where your stable -- metabolically stable patients are kept. And they're located in specific area in treatment, which is the

blue area. But also, we've put feline ward and the isolation unit in there as well.

Emergency receiving is the purple. It indicates that that person will be on procedures for emergency receiving, which means any patient that's coming in on the emergency service that needs stabilization or outpatient procedures, that's what that person will be managing. And then triaging, again, is -- is that duty that we have. The ACAs primarily do the triaging, but the LVTs can also assist. And that's where we're going out and we're determining whether or not the patient needs our services and then how quickly. So really sorting through and prioritizing.

Q Okay. All right. And in this next slide has to do with triaging?

A Yes. It's -- it's honestly like I just mentioned before. It's really sorting through those patients and what levels, so they are there arriving. So the green being that patient it might -- maybe it has a lameness that there isn't anything else going on with it, it can wait. So the wait time maybe longer, or they maybe triaged away. Blue is that patient that is stable at this point, but really a watcher, so we have to make sure that it doesn't decline and become a red. Which are those patients that we're immediately trying to save lives when they arrive.

Q Okay. So this is training is related to workflow it seems

like?

A Um-hum. Yes.

Q And --

A Workflow, and I would say communication.

MS. MASTRONY: Okay. I'd like to enter that as Employer's 43.

MR. HALLER: No objection to 43.

HEARING OFFICER DAHLEIMER: Employer 43 is received into evidence.

(Employer Exhibit Number 43 Received into Evidence)

MS. MASTRONY: All right. Thank you.

Q BY MS. MASTRONY: So Andrea, you also mentioned that you will -- that the different hospitals will exchange staff; there's an open shift list. How do the different hospitals make each other aware when they need additional staff to cover?

A A variety of ways. We -- we have a very open method in communication. We use teams, which is something that many of the managers will just put out a notice. Help. We have these shifts open. If you have anybody who's interested, please give us a call. Our workforce manager, Chris West, she will also call people individually to see if they're interested. She has a list of LVTs that she knows commonly would like some overtime, and enjoys coming in to work emergency occasionally. So she'll call them directly. Or we'll put out just a general email stating that these are the hospitals that need support.

Q And how often would you ask for the and do have staff from the other general practice hospitals come to work at the VSES to fill in for shifts?
A I would for say for a client service representatives, weekly.
Q Okay.
A Very frequently. LVTs more so on holidays, and occasionally they'll pop in, but I would say for LVTs and ACAs, probably a couple of times a week, or a couple of times a month, but the CSRs definitely weekly we're seeing them support.
Q Okay. And do you ever have employees on VSES go work at other hospitals to fill in shifts?
A I -- yes, we do.
Q Okay. And how often would you say that occurs?
A I don't have that information on frequency. I just know that it does occur.
Q Okay. Do you ever have transfers occur where an employee from VSES transfers to a permanent position at another hospital or vice versa?
A Absolutely.
Q Okay. And -- and how does that occur?
A So we still use the same recruitment platform, but also the same process in hiring, so the employee given from other hospitals will go ahead and apply as an outside candidate will

apply. We do the same thing for internal candidates, and once they apply, they receive an interview. And then that person is brought in to have a shadow experience with the team that they could potentially be working with, so that they know that this could potent -- this would be a great opportunity for them. And then once the offer is given to the employee, and the employee accepts, we will notify the practice manager.

But before any of that happens, I do need to mention we don't just go and steal the other employees. The practice managers from the other hospitals are fully aware that their employee has shown interest in coming to our hospital, so that -- so then there's an open line of communication there as well.

Q Are there any differences in the way that you might hire through a transfer than the process through which you would hire someone who is not an internal transfer from one of the other hospitals?

A No. So the -- so the outs -- the applicants from the outside and the internal application process we've maintained as being the same. So we do have them go through the job fight and apply.

Q Okay. And what about the job shadowing experience. Do you offer that to external candidates as well?

A Yes.

Q All right. You also talked about how often there will be

interchange with scheduling patients. So can you explain that?

A Are you referring to just the open appointments for us here? Okay.

Q You had mentioned that.

A We have a couple of things that we do. Thankfully, the general practices have shared with us, and this happens daily, they share with us open appointments that they have that we can then -- if we have a client that calls in and the condition of the pet is not something that we can deal with at that point, because we're dealing with very critically ill or injured animals, or our receiving status is at the point where we cannot see anything more, we will go ahead and schedule them in one of those open appointment spots. And once we schedule them, we just send the hospital a team message and say, heads up, this -- this one is coming through. Provide them with a name, the number of the client, and then the condition of the pet. So that's one thing that the general practices have assisted us lately with helping us decrease our case load.

But then the other thing that is not as formal of a process is when we have a case that arrives that needs surgery, and one of the general practices that we already know what their capabilities are, because we've worked closely together, one of the general practices will be able to do the surgery on that case. And the way that we alert the general practice is that we'll just -- I will go ahead or one of the other managers

will go ahead and send a message out to all of the managers at the hospital and say hey, heads up. We have this specific patient, what the condition is, what the status of that patient is, and find out if anyone can do the surgery that day. And we usually get a very positive response from a couple of the hospitals, and then the pet is transferred over.

Q How frequently would you say that occurs where you reach out and say hey, can anyone do this surgery for us?

A Sometimes, multiple times a week. But weekly, I could safely say regularly.

Q Okay. Let me share -- can you see that spreadsheet?

A Yes.

Q All right. Actually, let me make this a little bigger. How's that?

A That's better, yes.

Q Can you tell us what that is?

A So what this is is just a weekly schedule that provides us with the times that the individual hospitals have provided us with open slots, and then which hospital it is that has that open spot. So for example, on Tuesday, this is December 28th, at 10 a.m. and at 10:30 a.m., Greece provided us with two -- or is providing us with two open slots that we can put a patient or send a patient to for an urgent care visit.

Q Okay. And this what you were referring to?

A Yes.

MS. MASTRONY: All right. I'd like to enter this as Employer's 40.

MR. HALLER: This is 40?

MS. MASTRONY: Yes.

MR. HALLER: Okay. Hold on. Sorry, and you offered it into evidence?

MS. MASTRONY: I just did, yes.

MR. HALLER: Okay. No objection.

HEARING OFFICER DAHLEIMER: Okay. Employer 40 is received into evidence.

(Employer Exhibit Number 40 Received into Evidence)

MS. MASTRONY: Thanks.

Q BY MS. MASTRONY: Andrea, this for the week of December 27th, of 2021. So that's in a few months. How often are these schedules done; is it every week? Is it on occasion?

A Its -- we have a schedule every single day updated, so --

Q Do you ever share equipment with the other hospitals? I know -- I think you mentioned sharing some equipment previously; could you tell us about that?

A So we do when we can. So we will have requests to share equipment. Most recently it was an incubator, and if we can we absolutely will. We want to be able to help them out. Syringe pumps and fluid pumps have been shared in the past. It's not something that we've allowed recently, because of our case load. And then more often, and I think probably weekly, we

share what we refer to as consumable supplies. So that is injectables, or medication. Maybe a filter that the general practice doesn't have.

Q Okay. And what -- why do you share that stuff?

A Primarily because the other general practices don't have the equipment, or they don't have the medication that's -- that their requesting. Most of these medications have to be bought in bulk, and as an emergency critical care specialty facility, we will tend to use them more frequently. So we'll -- we will purchase large volumes, and then the general practices will come to us and ask us to -- if they can have what we have. So --

Q All right. And how often would you say that occurs with respect to you know, sharing medication?

A Medication, I would say at least weekly.

Q All right. I'm putting up what we've marked as Employer's 39. All right, so I'm just going to scroll through. This is a two-page document. All right. Can you tell us what that document is?

A So that's just sharing what drugs, and it looks like we've also sent out some parvo tests. So I didn't mention that. The lab portion, but yes, this is just listing the consumables that we have shared with other hospitals, and the list of hospitals are indicated in the left-hand column.

Q Okay. So like for example the first one says Bayview. Is

that name of the hospital?

A Correct.

Q Okay. And then we have -- I think that's the date, 7/6?

A Yes.

Q And that indicates what?

A And that indicates either the drug or the item that they have procured from us. That's the item.

Q So that looks like a drug?

A Um-hum. So those are all drugs, and then you have a parvo cite test, 716 is the type of diagnostic that we use for infectious disease. Yes.

MS. MASTRONY: All right. I'd like to enter Employer 39.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 39 is received.

(Employer Exhibit Number 39 Received into Evidence)

Q BY MS. MASTRONY: All right. What about when you hire new employees? You kind of touched on this a bit when we were talking about transfers, but what's the process for that?

A We use a platform. It's -- it's called Jobvite. And what happens is when an applicant applies on either one of the recruitment platforms, like in Indeed, Monster, any of those, it will go into this Jobvite platform. We -- we the hiring manager, and there are three at the VSES, will go into our Jobvite and pull any of the applicants that have applied, review the resumes, determine whether or not they meet the

criteria that we need to even bring them in for an interview.

I'll do a screening interview, which includes either Zoom or a phone call, and then if I think that they are a fit for the job, I'll invite them to come in for a face to face interview with the team that they'll work with, as well as an opportunity to visit the hospital and shadow. If I find that I'm interviewing someone and they do have a skill set that may benefit one of the GPs, the general practices, I'll go ahead and contact their hiring manager and -- and just refer them to that general practice.

Q Do you know if the other hospitals, the GPs, also use that same system Jobvite to obtain applicants?

A Yes. We actually had a training together, and I had managers come to the facility so that I could help them through the process, and show them how to use it.

Q Okay. And are you able to see in that system if an applicant has applied to say VSES and one of the other hospitals?

A You can toggle between the menus, and you can see that. We will absolutely be able to see all the positions that they've applied to.

Q Okay. And if you see that applicant has applied to multiple hospitals, do you ever try to coordinate with the practice manager at another hospital?

A I will do that only if I see that this applicant probably

won't be a match for VSES. We absolutely -- the applicants may at times will apply to multiple positions within VSES, and we'll coordinate depending on what will fit their skill set.

Q Okay. Do you have any standard operating procedures that you adhere to at VSES?

A Yes.

Q All right. And do you ever share those with other hospitals?

A Yes.

Q All right. Can you just give us some examples?

A So during COVID, we shared quite a bit. Especially in regards to workflow and operations and how we were going to manage through. So one of the specific documents was in regards to mask usage, and how people should be and when they should be wearing masks. That was one. I did receive a request for some documents that involved infectious disease control, and how we do it at VSES. And if they could incorporate some of what we do at VSES in their own hospitals. So that I know specifically there was leptospirosis was one, and how we deal with MDRs, which is a multi-drug resistant organism.

Q Al right. I'm going to show you what we've marked as Employer's 38. Can you tell us what this is?

A So this is one of our standard SOPs, is one of our medical SOPs, and it involves in how to manage a patient with a multi-

drug resistant organism.

Q All right. And it says your name there as prepared. Did you prepare this procedure?

A Yes.

Q Okay. And did you ever share it with any of the other hospitals?

A I shared it with the Animal Hospital of Pittsford.

Q Okay. And why did you share it with them?

A Sheila was requesting some assistance what they were doing and how to manage certain patients with infectious disease, and how could they better have their biosafety measures implemented. So --

Q Okay. Just for the record, can you tell us who Sheila is?

A Sheila Casler. She is the manager of the Animal Hospital of Pittsford.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 39 -- I'm sorry, 38.

MR. HALLER: Just one second. No objection

HEARING OFFICER DAHLEIMER: Employer 38 is received.

(Employer Exhibit Number 38 Received into Evidence)

Q BY MS. MASTRONY: All right. I'm going to show you a document that's marked as Employer 37, Ms. Battaglia. This is just a one-page document. Can you tell us what that document is?

A This document is just sharing with the team on how to

handle a patient that comes in with the potential of having leptospirosis, which is another infectious disease, which is actually zoonotic in nature. So I want to make sure that the team knows what type of PPE, or personal protective equipment, they should be wearing, and how to handle the patients so that they don't become cross-contaminated with it.

Q And did you prepare this protocol?

A Yes.

Q And do you ever share it with any of the other hospitals?

A This was another one that I did share with Sheila for reference to see if she could use for her team.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's Exhibit, Employer's 37.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 37 is received.

(Employer Exhibit Number 37 Received into Evidence)

Q BY MS. MASTRONY: All right. Does VSES use a blood bank at all?

A Yes, we do.

Q Okay. And what kind of services do they offer there?

A So we have a blood bank that provides all related products for the patients in -- in the hospital. So the blood bank and the people who manage the blood bank are the ones that will coordinate having people bring their pets in. So we refer to them as the donor animals. And then they'll go ahead with the

procedure of obtaining the blood, and then spinning it down to have different components. So a very crucial piece for how to care for critically ill or injured pets.

And then also -- what else was I going to share regarding the blood bank? I completely drew a blank. So it's for the donor animals -- and oh, and they also just maintain a stock supply of our blood components, which sometimes includes reaching out to the outside services and suppliers so -- and procuring the products when we don't have enough.

Q So do you know if the other hospitals use the services of the blood bank as well?

A They don't use the services in the blood -- of the blood bank. And there have been times when outside hospitals have requested certain components, but most of those patients that need these products will be brought to Veterinary Specialist and Emergency Service. We do have people within those hospitals, though, that do have their pets come to donate the blood.

Q Okay. And where is the blood bank located? Is it within VSES, or somewhere else?

A It is within VSES.

Q How many employees work the blood bank, if you know?

A Well, we have it -- so we have a Blood Bank Committee, and then the primary people that are in charge of managing the blood bank are two employees, and they're both LVTs.

Q Okay. And do they work there full time?
A One works full time; one works part time.
Q Okay. Does the one who works part time work anywhere else, to your knowledge?
A Yes. She works at another hospital within the Monroe Group.
Q Okay. And do you know what her role is at the other hospital that she works at?
A The other hospital is a general practice, and she works there as an LVT.
Q Okay. I do not have any further questions. Thank you, Andrea.
A Thank you.
MR. HALLER: Just a moment, folks.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Battaglia, I'm Bill Haller, representing the Union, and I have a few questions for you.
A Hi, Bill.
Q Hi.
MR. HALLER: May I proceed, Michael?
HEARING OFFICER DAHLEIMER: Yes.
MR. HALLER: Okay.
Q BY MR. HALLER: And apologize in advance, it's the nature of cross-examination I'll be -- I'll be jumping around and kind of scattershot. And it's just based on things I jotted down

during the testimony. You'd agree, won't you -- would -- wouldn't you that most patients are at VSES because they require procedures and care that aren't available to general practices; isn't that correct?

A Correct.

Q Okay. In your job, you do not have any managerial responsibilities for the other facilities in the Monroe Medical -- Medical Group; is that correct?

A Correct.

Q Okay. And that would include the general practices, as well as the laboratory, and the crematorium?

A Correct?

Q Okay. Are routine vaccines administered at VSES?

A No. The only vaccine that's administered routinely is rabies vaccine.

Q In fact, you don't even have those vaccines in stock at VSES, do you?

A No. Not the routines. The rabies, yes.

Q Okay. Just rabies?

A Correct.

Q Okay. The Employer asked the earlier witness about, if a dog needed to have its anal glands expelled, a dog requiring that sort of procedure wouldn't be seen at VSES, would it?

A At times we actually have them come to VSES, because the owners indicated that they're uncomfortable, and they feel that

it it's an emergency for the owner. So there are cases that definitely could be seen by a general practice but we will see based on what the owners need.

Q That's not normally a procedure that would be done at VSES, even in an emergency, is it?

A Not routinely, no.

Q And if it was a routine sort of expression that was required of a particular patient, you might just send them to a general practice, wouldn't you?

A Correct.

Q Okay. In fact, there are a number of more routine procedures that if those patients are presented at the emergency room, at VSES, depending on your caseload, those folks will be referred to the general practice to have the procedure performed, wouldn't they?

A Yes.

Q Okay. Okay. Earlier Ms. Mastrony asked you about equipment possessed by the outlined general practices, and you prefaced your answer by saying, "I would say".

A Um-hum.

Q Is that because you don't really know what equipment the general practices have?

A I have not visited any of the general practices. I'm basing that on my experience of working in a general practice, and I guess that would be the reason.

Q Okay. So if I went down the list of general practices as part of Monroe Medical Group --
A Uh-huh.
Q -- you would be unlikely to be able to tell me what equipment they do and don't have, wouldn't you?
A Correct.
Q Isn't it true that a considerable portion of the patients seen at VSES are not referred from other Pathway-owned facilities and not other Monroe Medical Group facilities?
A I don't have the numbers of how many cases are referred from the Monroe Group, but I know it's a large number.
Q Let me see if I understand. Of the patients seen each day at VSES --
A Uh-huh.
Q -- some of them are not referred by other facilities in the Monroe Medical Group; isn't that correct?
A There are some outside of the Monroe Group that come to our facility, correct.
Q All right. So it's not exclusively referrals from the other general practices in the Monroe Medical Group?
A Not exclusively.
Q Okay. You testified about open shifts where employees at one Monroe Group facility can work -- I guess pick up shifts at other facilities; is that correct?
A Yes.

Q That's all voluntary, right? That's not something mandated?
A No, not mandated.
Q So if someone wants to pick up some more hours, they can -- they can try and work -- get in time at another facility?
A Yes.
Q Okay. And other than the required holiday shifts you testified about, that the general practice staff have to be prepared to do at VSES, there's no mandated shifting from one facility to another, is there?
A Correct.
Q Okay. Now, with regard to the mandated holiday shifts that must be performed by the folks at the outlying general practices, and you went through a list that was introduced in evidence. If they have, I think, one to three years, they have to do up to two holidays a year.
A Uh-huh.
Q Now they have to be available to work on two holidays at VSES, that doesn't mean they're actually going to work two holidays; isn't that correct?
A It's the required expectation, depending on years of service.
Q My question is, do they actually have to work two holidays, or do they have to be ready to work two holidays?

A Well, they -- they are scheduled to work two holidays.
Q Okay. The folks for the outlying facilities that do holiday shifts at VSES, do they perform all of the duties that regular VSES personnel perform?
A I would say most.
Q They're never assigned do triage work, are they?
A It depends on their skill set and their knowledge of the hospital. That would have to be determined once we determine who that person is.
Q Most of the people in the general practice don't have the requisite triaging skills, do they?
A Some of the LVTs that I've worked with do.
Q And most of them don't; isn't that correct?
A The LVTs? I would say most of them do.
Q Okay. Is being on call on a holiday count as meeting one's expectation for that holiday shift requirement?
A For VSES employees?
Q No, I'm sorry. Let me rephrase the question, because I wasn't clear. For the folks at the outlying general practices, they have this requirement that they have to perform so many holiday shifts. Does being on call on one of those holidays count as meeting that requirement?
A So outside VSES employees aren't on call.
Q So it's your testimony that none of the people that are listed as on call for a holiday are the outside and general

practice employees?
A No, that is -- that's incorrect. There are some outside employees for the scheduling that are on call. I don't know if that is considered require -- or would be considered part of their holiday commitment. That would be something that I would have to talk to the workforce manager about to clarify.
Q Okay. If you don't know, you don't know. That's fair enough. Okay. You also testified about employees that have transferred from one Monroe Medical Group facility to another. And I believe you testified that those folks have to go through the same steps, and are treated just the same as somebody who's applied off the street and outside the Monroe Medical Group; isn't that correct?
A That's how we've been working it through Jobvite, yes.
Q Okay. So if someone at Greece, or any of the other outside facilities, wants to apply for a job at VSES, they go through all the same steps, including an interview, and walk around the facility, just like somebody off the street, right?
A Yes.
Q So there's an assumption there that somebody from the outside facilities usually is not intimately familiar with -- with the physical layout, or the operation of VSES; isn't that correct?
A Are you referring to the outside -- the internal candidates or the outside candidates?

Q Let me rephrase it.
A Okay.
Q Once, again, I'm not -- I'm not clear. With reference to someone who works for one of the outlying general practices --
A Uh-huh.
Q -- of the Monroe Medical Group --
A Yes.
Q -- if someone wants -- one of those folks, in that universe, wants to apply for a job at VSES, they're giving a -- they're given a walkthrough just like someone off the street would be given, right?
A We will actually provide them with a tour. But also the purpose is really to shadow with the team that they are hoping to join, because they want to make sure that they are making the right move.
Q Okay.
A A very different environment.
Q That sounds reasonable. VSES is a very different environment from the general practices, right?
A Well, it's a different hospital environment, as all the general practices are a different environment, yeah.
Q And the outside person is unlikely to be familiar with the staff they're going to be working with at VSES; isn't that correct?
A Most likely, yes.

Q Yeah. You testified about scheduling surgeries, and sometimes the general practice locations will take on a surgery that's been scheduled at VSES. Do you remember that testimony?
A Yes.
Q Okay. That's only the less complex surgeries because the general practices aren't capable of handling most of the surgeries at VSES; isn't that correct?
A Well, we know what type of equipment, what type of abilities that they would have to handle certain patients. So we know that they'll have an anesthesia machine; we know that they will have the ability to monitor. In regards to an animal that has a foreign body, as long as they are stable enough to move, then, yes, we will send them to one of the hospitals, depending on their abilities, and depending on what they have, equipment-wise.
Q And those surgeries that are rescheduled at the general practices are, in general, going to be less-complex procedures --
A Absolutely.
Q -- isn't that correct?
A Correct.
Q Okay. Okay. You also testified about sharing equipment, and it was, I think Employer Exhibit 39, introduced to that effect. All of the equipment shared is in one direction from VSES to the general practices; isn't that correct?

A But there have been occasions when we've had -- and you're referring to equipment, and there is the consumables. So the list referred to the consumable. So VSES rarely needs to share equipment, except that we've had a centrifuge that's broken down. We've been able to share -- they've been able assist us with centrifuges.

The other thing was our autoclave failed and we were able to bring our equipment to a facility so that they could sterilize equipment for us. So I think those are the only two occasions when -- I would say scenarios that we have done this sharing.

The consumables were the list that we shared with you. And there have been times if we've run out of something, that we've been able to contact one of the hospitals to see if they've had it. So it has gone both ways.

Q But it's overwhelmingly from VSES and the general practices, right?

A Oh, yes. We -- we would -- I would say that we absolutely provide more on that level, yes.

Q When there's a new hire -- and this would be -- include folks hired off the street, as well as people that have applied from another Monroe Group facility. Any such individuals hired for a job at VSES or at the other particular general practice, right?

A Yes.

Q They're not hired and said, you're just going to be working for Monroe Medical Group and we'll tell you tomorrow where you're working that day, that's --

A Correct.

Q -- isn't that correct?

A Yes, that is correct.

Q All right. When you were talking about reviewing applicants, you said there may be times when you become aware, I guess, through the software, that an applicant has applied to more than one Monroe Medical Group facility, and you may kind of pass them along to the other facility where they're not a -- not a -- not a match, I think was the word you used, for VSES; is that correct?

A Correct. Uh-huh.

Q That's because their skills at VSES and their skills required at the general practices are not fungible, are they?

A They transfer well. So the match, defining match, they might have less years of experience as an LVT, or as not -- as an ACA. So their skill set, in fact, are transferable; it depends on what we're looking for, and what position we're looking for.

Q You'd like a more experienced LVT, or a more experienced ACA at VSES, wouldn't you?

A Depending on the position. So it is very dependent on the position. Some of the positions may require a different type

of skill set, or more years of experience.

Q Now, I have to apologize because I'm not very good at the screen sharing thing. This technology we're using on these Zoom calls. Do you have the documents in front of you, Ms. Battaglia?

A Yes, I do.

MS. MASTRONY: Do you want me to put something up? I can do it.

MR. HALLER: And I apologize. I should know how to do it.

MS. MASTRONY: Not a problem.

MR. HALLER: But I don't.

MS. MASTRONY: Oh, yeah.

MR. HALLER: Exhibit -- just put up Exhibit 38, would you?

MS. MASTRONY: Yeah, give me one --

MR. HALLER: I appreciate it.

MS. MASTRONY: Sure.

MR. HALLER: Littler can send me a bill.

MS. MASTRONY: I will. All right, all right. All right. Is that what you're looking for?

MR. HALLER: Yeah.

MS. MASTRONY:

Q BY MR. HALLER: Okay. This is Employer Exhibit 8. You testified about this earlier, Ms. Battaglia?

A Um-hum.

Q This was an operating procedure that you developed, right?

A Yes.
Q Okay. It was developed for VSES, right?
A Correct.
Q And then I guess on -- on request you shared it with some of the other outlying facilities?
A Yes.
Q Okay. Okay. And we're moving on now to the topic of the blood bank. You testified that this blood bank exists for patients, quote/unquote, in the hospital. By in the hospital, you meant VSES, didn't you?
A Correct. Uh-huh.
Q Okay. And you also testified that rarely, if ever, does any blood go out from that blood bank to the general practices because they don't have need for that -- that service.
A I would -- I would say infrequently, yes.
Q Infrequently. All right. When you testified about the employees that work on the blood bank, you said one is part time at another hospital.
A Uh-huh.
Q And that individual is Valerie Clifford; is that correct?
A Yes.
Q Okay. She used to be full time at VSES, right?
A Yes.
Q And she -- well, for her own personal reasons, applied for a part-time position over at the Greece facility; isn't that

correct?

A I believe that -- I was not aware if it was part time or full time, but she did apply to Greece.

Q But she works part time at Greece now, and part time at VSES, right?

A Yes.

Q Okay. And she would have had to have applied and interviewed, just like somebody off the street, over at Greece, right?

A I'm not sure of Greece's procedures; I would think so.

Q Okay. And the full-time employee -- you also referred there was a full-time employee. That's a full-time employee that -- that individual's full-time job is not to handle the blood bank, right?

A Correct. Uh-huh.

MR. HALLER: I think I might be done. Hold on a second, folks. I think that's all the questions I have.

Thank you, Ms. Battaglia.

THE WITNESS: You're welcome. Thanks.

HEARING OFFICER DAHLEIMER: Do you have redirect?

MS. MASTRONY: Sorry. Yes, just briefly.

HEARING OFFICER DAHLEIMER: Okay.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: Ms. Battaglia, if you were in a -- admittedly -- I don't know -- probably not likely a situation,

of having all of your employees at VSES out for a day, would you be able to use employees from the other GPs to run the hospital?

A We would absolutely pull in other people if that situation was to occur, and --

Q And the hospital would be able to function?

A Limited services, yes.

MS. MASTRONY: All right. I don't have any other questions.

MR. HALLER: I have nothing further.

HEARING OFFICER DAHLEIMER: Thank you very much for your testimony today.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: I have about quarter till. Are we good with a half an hour break for the lunch?

Start with the Union -- or Petitioner?

MR. HALLER: I think we can live with that.

HEARING OFFICER DAHLEIMER: Okay. And Employer counsel, any objections to a half hour lunch period?

MR. STANEVICH: Can we do -- can we do 45 minutes? We just want to make sure we track down the next witness in time.

HEARING OFFICER DAHLEIMER: Sure. So we'll resume at 2:30.

MR. STANEVICH: Thank you.

(Off the record at 1:45 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Employer, please call your next witness.

MS. MASTRONY: Hi. We call Sheryl Valente.

Hi, good afternoon. Hi. Good afternoon. Thank you for joining us. Please raise your right hand.

Whereupon,

SHERYL VALENTE

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Please state your name and spell it for -- you can put down your hand. Thanks. Please state your name and spell it for the record.

THE WITNESS: Sheryl Valente, S-H-E-R-Y-L; Valente is V-A-L-E-N-T-E.

HEARING OFFICER DAHLEIMER: Okay. Your witness, Employer.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good -- I was going to say good morning. Good afternoon, Ms. Sheryl. How are you?

A Hi, good. How are you?

Q All right. Are you currently employed?

A Yes.

Q And by whom are you currently employed?

A Pathway Vet Alliance.

Q Okay. And what's your position with Pathway?

A It's director of Ecosystems.
Q And can you just tell us what that position is and what it entails?
A I oversee the 15 general practice hospitals, as well as the crematorium, the lab, and the ER specialty hospital.
Q Okay. And are they part of a system?
A Yes. So they were previously MVA; they're called the Monroe Group. So I work with all of the hospitals on operations, workflow, and financial performance.
Q All right. How long have you been in that position?
A In this particular position, about three months.
Q Okay. Can you just give us a brief overview of your educational background?
A I have a master's degree in Health Care Administration.
Q Okay. And if you can tell us about your -- your career prior to being the director of Ecosystem here.
A Oh, I spent about 23 years in human medicine before transitioning over to a managing director role at VSES as -- as a -- in vet med.
Q Okay. What did you do at VSES?
A I was the managing director.
Q Okay. And what did that role involve?
A So it was day-to-day operations, workflow, working with the doctors, working with the team, financial performance.
Q Did you have any responsibilities for the other hospitals

in the system?
A Not at that time, and the --
Q Okay. And --
A Oh, you know that -- I think that it wasn't my oversight responsibility; however, we would interact periodically just for workflow issues and operational issues.
Q Okay. And who would you interact with at the other hospitals?
A It was either the -- sometimes it was the medical directors, or the shareholders, or the practice managers.
Q All right. Is there a reporting structure in place for your position now?
A Yes.
Q All right. Can you see the document here?
A Yeah.
Q All right. I'm showing you what we have marked as Employer's Exhibit 30. I'm just going to scroll so you can see. There are two pages. All right, now let's go back there. Okay. Can you tell us what this document is?
A The org chart for the Monroe Group.
Q All right. So can you just explain what's here? So all the way down -- can you see my little cursor?
A Uh-huh.
Q All the way on the left here, who's that?
A Dr. Wihlen is the regional medical director.

So all of the medical directors at the GP hospitals and the ER specialty hospital report up to him.

Q Okay. And is there a medical director at the -- at each of the hospitals?

A Yes.

Q The next over is Andrea Battaglia; can you tell us who she is?

A She's the hospital administrator for the ER specialty hospital.

Q All right. And that's VSES?

A Yeah.

Q And then, there's VSES below that. And below that is Corey; who is Corey?

A So Corey is a manager over the administrative team at VSES, and then he also oversees the rehab facility.

Q All right. And then, we'll go next to the practice/office managers; who are they?

A Those are the -- all of the hospital managers and office managers at the GP hospitals.

Q All right. And this says "see detail below". So I'm going to scroll down to page 2. That looks really hard to see. How's that? All right. So is that you up top?

A Yeah.

Q All right. And then underneath, can you tell us who these folks are?

A So Sheila oversees AHOP and Companion, two -- so there is multiple people that oversee two hospitals which are located in different geographical locations. So Sheila oversees AHOP and Companion. Sean's at Canandaigua and Stone Ridge. Tess does just Animal Junction. Jeannine is Bayview and Irondequoit. Gina, Cats and Critters and Fairview. Kristy has Greece. Kathy (phonetic throughout), Perinton. Cyndy, RCAC. And Tracy (phonetic throughout), Suburban (phonetic throughout).

Q All right. So are those all the practice managers for the -- the GPs?

A Yes.

Q Okay. All right. Let's go back here. Well, that's too big. All right. Then, we have Paula Hilling; who is that?

A She's the director of the lab.

Q Okay, and what's the lab?

A That's a lab that is actually geographically located at the VSES. But it services all of the GP hospitals within the Monroe group and outside of the Monroe group.

Q Okay. And what's underneath there, VLR?

A Those are the -- the Veterinary Lab of Rochester employees report up through her.

Q And then, the next is Dustin (phonetic throughout). Who is Dustin?

A Dustin is a supervisor, and he oversees the courier group. They work through either the lab, the crematorium, or just

general couriering between the hospitals. And then, he also oversees the VSES environmental services team and the crematorium team.

Q All right. And then, admin?

A So that's just any administration team that's here. We have two facilities people, leadership and development, admin.

Q Okay. And so all these folks right under you report directly to you?

A Yes.

Q All right. So you told us that some of --

HEARING OFFICER DAHLHEIMER: Sorry to interrupt. Is the Employer going to enter that into evidence?

MS. MASTRONY: Oh, I'm sorry. Yes, thank you. I would like to enter it as -- that was Employer's 30.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Okay. Employer 30 is entered -- is received into evidence.

(Employer Exhibit Number 30 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Sheryl, you had mentioned that some of the practice managers are over multiple hospitals; why is that?

A I -- it depends on the -- the volume, the revenue, the number of doctors, number of staff, and whether there's, in certain instances, there's good synergy between the hospitals. Just to better able to -- to support, there's times that staff

are shared between different hospitals.

Q Okay. I'll show you another exhibit. All right. This is an exhibit we have marked as Employer's 46; are you able to see that?

A Yes.

Q All right. I'm just going to scroll down so we all see. This is a two-page documents. Can you tell us what this is?

A So this is a list of all of the locations, their address, and then the number of supervisors and staff and doctors at each.

MS. MASTRONY: I'd like to enter that as a full exhibit as Employer's 46.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer's 46 is received.

(Employer Exhibit Number 46 Received into Evidence)

Q BY MS. MASTRONY: All right. Can you tell us generally what types of services are offered at each of the locations?

A For the GP locations, you have your wellness, vaccines, surgery, spay, you know -- spay and neuter, sick visits, urgent care.

Q Okay, and for VSES?

A VSES has, you know, urgent care, emergency, surgery. They do do spay and neuter, advanced imaging. Radiographs are also actually offered at all of the locations.

Q All right. So let me show you an exhibit. All right.

This is an exhibit we've marked as Employer's 79. Are you guys able to see the whole thing?

A Yes.

Q Ms. Valente? Okay. So you can see from column A through R? Sheryl, can you see A through R?

A Yeah, yeah.

Q Okay. Can you tell us what this document is?

A So this is a list of all of the different services offered at the different locations.

Q All right. And so down under column A, are those all of the different hospitals?

A Yes.

Q Okay. So I'm, you know, looking at those, and obviously, with no knowledge -- what -- what would say the differences are in the services that are often at the general practices as opposed VSES?

A The emergency specialty hospital doesn't do wellness, vaccines, preventative care. And then, you have a percentage of things like advanced imaging, so MRI and CT won't be at the general practices. So there's -- there's the differences there. You have different things, like behaviors only, you know, operate at Companion; laser therapy at Stone Ridge. So you have some -- some different things at some of the different hospitals offered.

Q Okay. What's the similarity between or among the services

offered at the various hospitals, including VSES?

A They're going to see -- all sick visits. They're going to see, you know -- spay and neuter is done more routinely in the GP with the surgeons, and -- and on occasion, the emergency doctors will do it at VSES. You know, radiographs are -- are the same. The internal medicine piece, while it's -- it's a little, you know -- there's an advancement at VSES, but that's also offered at all of the GPs, and then surgeries.

MS. MASTRONY: Okay. I'd like to enter Employer's 79 as a full exhibit.

MR. HALLER: No objection.

MS. MASTRONY: All right.

HEARING OFFICER DAHLHEIMER: Employer 79 is received.

(Employer Exhibit Number 79 Received into Evidence)

MS. MASTRONY: Get rid of this. Okay. All right.

Q BY MS. MASTRONY: Do you ever have occasion to -- to meet with any of the other hospitals?

MS. MASTRONY: Do we --

I'm sorry, one second.

Do we know what that noise is? It keep -- there's, like, a beep every, I don't know, minute.

THE WITNESS: I don't know. I don't know if it's actually my emails coming through. I'm going to try to -- I just closed that. Maybe that's it, so I'm going to close my emails.

UNIDENTIFIED SPEAKER: Okay. I suspect it was someone's

email coming through.

THE WITNESS: Yeah, okay.

UNIDENTIFIED SPEAKER: So if we close that, that should take care of it.

THE WITNESS: Yeah, I closed it, so let me know.

UNIDENTIFIED SPEAKER: Okay.

THE WITNESS: So meeting with the team, I meet briefly weekly.

No, are you still hearing it?

MS. MASTRONY: Yeah.

THE WITNESS: I don't think I have -- oh. All right. Let's see if that works.

So I meet weekly with all of the managers from all of the hospitals. We have a call that happens every week. The group gets together. Every quarter, we try to do in person where they're all, we're all, together, and then I have one-on-ones with the various managers.

Q BY MR. MASTRONY: And with respect to the meetings when everyone is together, what's discussed at those meetings?

A Right now, we talk about workflow changes, processes that are being changed. With the Pathway transition, there's been some changes to the hospitals as far as OSHA, controlled drugs handling, so that's discussed. We talk about updates from each of the hospitals that will potentially impact other hospitals. So for example, if somebody is opening or closing boarding at

one hospital, that's communicated out to the other -- all of the other hospitals, update status on the VSES as far as volumes and -- and what's happening. And then, usually, there's an update on urgent care and what's happening there at AHOP.

Q Okay. And are employees from VSES in attendance at these meetings?

A Yes, Andrea and Corey I attend every week.

Q All right. And then, you also said you meet one-on-one with the practice managers?

A Um-hum.

Q And -- and how often do you do that?

A Every other week, we have a half-an-hour one-on-one.

Q Okay. And who was at those meetings?

A So that would be each of the practice managers, any -- any of my direct reports. So Andrea, I meet with her, and then each of the managers that were listed in that org chart, Dustin, Paula.

Q Okay. To your knowledge, is there any interchange among employees at the various hospitals in VSES?

A Yes.

Q Okay. And can you just tell us about that?

A So we -- there's open shifts that go out to all of the hospitals in the Monroe group for, actually, all of the hospitals, so VSES and the GP, that employees can pick up

shifts, whether it's CSR, ACA, or LVT. So we have that. And then, there is a holiday -- we call it the holiday commitment for -- staff at the GP hospitals are required to work a holiday at VSES.

Q Okay. Any other times when employees might work at a hospital that's not their -- their permanent assignment?

A There's times where if -- if one of the hospitals has somebody going on vacation or a planned leave (audio interference) hospital in the event of -- we have last-minute emergency situations with a number of callouts. And we pull from other hospitals to cover the different hospitals.

Q All right. And what about the -- the doctors? Do they ever go to different hospital?

A Yeah, there's a GP DVM assigned to VSES on call every weekend, and then they're also assigned to holidays. They have a certain commitment.

Q Okay. Let me share -- all right. I'm showing you what we have marked as Employer's 47; can you see this?

A Yes.

Q All right. Let me just scroll down so we can see what we're -- whoa, I'm sorry -- what we're talking about. All right. Can you tell us what this document is?

A So that's a schedule, a weekly schedule, of the GP DVMs. So --

Q Okay. Oh, go ahead.

A So it will show, on the left, the hospital, and then the doctors and -- and the shift that they're scheduled. And then, it includes who is scheduled at urgent care, and then who is scheduled at VSES.

Q All right. So for instance, over here where it says "urgent care"?

A Um-hum.

Q Are these the doctors assigned there?

A Yeah, those doctors have, like -- Quinlan's home hospital is Companion, but she's assigned to urgent care on that -- that -- those two shifts.

Q Okay.

HEARING OFFICER DAHLHEIMER: And for the record -- I'm sorry to interrupt. For the record, we're referring to a column B, rows 18 and 19?

THE WITNESS: Yes.

HEARING OFFICER DAHLHEIMER: Sorry, I got it.

MS. MASTRONY: That's okay. Thank you.

Q BY MS. MASTRONY: And then, underneath here, column A, row 20, says "VSES on call backup". And then, in the next column, is that a doctor?

A Yes, he's normally at -- he's -- his home hospital is AHOP.

MS. MASTRONY: All right. I'd like to enter this as a full exhibit. This is Employer's 47.

Bill, you're muted.

MR. HALLER: Excuse me. Give me just a second on this document.

MS. MASTRONY: Sure.

MR. HALLER: I have an objection to the admission of this document. It deals entirely with the scheduling of people who everybody admits aren't in the bargaining unit.

MS. MASTRONY: Yeah, it just shows our argument that there is interchange among the various hospitals.

MR. HALLER: Interchange among people who aren't in the bargaining unit. I object to this document.

MS. MASTRONY: It's with people who are in the bargaining unit.

MR. HALLER: There's not a single person in the bargaining unit on this document.

MS. MASTRONY: No, because these are doctors who are not in the bargaining unit, but they deal with people in the bargaining unit at the various hospitals.

MR. HALLER: I -- I maintain my objection.

HEARING OFFICER DAHLHEIMER: As we have not gotten to any objection at this point, I'm just going to give you my spiel right now for all objections going forward. Unless there is something that is abhorrent to the purpose of this proceeding, I'm going to let the Regional Director, the Acting Regional Director, in her wisdom, determine what is and is not relevant.

And I'm going to overrule that objection on this instance.

(Employer Exhibit Number 47 Received into Evidence)

MR. HALLER: Thank you.

Q BY MS. MASTRONY: All right, let's put this down. And I'll go into what has been marked as Employer's 32. All right. All right. I'm going to scroll. This is a one-page document. Sheryl, can you tell us what this is?

A This is the holiday schedule for the DVMs for emergency and urgent care.

Q Okay. So we're concerned here in the first row, "AES (phonetic throughout), 8 to 5, Wylie". Can you tell us what that indicates?

A Okay. So Dr. Wylie, who is -- her home hospital is Stone Ridge -- is going to be scheduled to work the holiday, July 4th holiday, at -- at VSES.

MS. MASTRONY: Okay. I'd like to enter this as a full exhibit. It's Employer's 32.

MR. HALLER: I realize it'll be admitted, but I have the same objection as I had to the previous.

MS. MASTRONY: I thought you might.

HEARING OFFICER DAHLHEIMER: Could we esta -- what -- what is the relevance of the documents -- of these documents that have no bargaining unit members on them?

MS. MASTRONY: Right, so they are the doctors who are not in the bargaining unit. But it shows the integration of the

various hospitals because they work with all the staff who are in the bargaining unit. So they are dealing with folks at VSES, but also dealing with folks at their own hospitals. So it shows the integration of the system.

HEARING OFFICER DAHLHEIMER: For the same reason as previously mentioned, I'm going -- I'm going to admit it. I'm going to overrule the objection and admit it. Yeah, so 32 is received.

(Employer Exhibit Number 32 Received into Evidence)

MS. MASTRONY: Thank you. All right.

Q BY MS. MASTRONY: Now, were there ever referrals of patients across the different hospitals?

A Yeah, routinely. Pretty much every day the GPs will -- for a variety of reasons, whether it's their own volume or not having the right equipment or facilities to manage a case, will refer to VSES. VSES will also then refer back to a GP, whether it's done at triage or they're discharged from the hospital and then transferred back to a GP.

Q Okay. And why would a patient who is discharged from VSES be transferred back to, or referred back to, a GP?

A Whether it's for ongoing care, or if it's something that the GP just couldn't -- because of volume, maybe, short staffing, couldn't deal with on a particular day, they're sent back. Maybe, the -- the next day is easier for them to be able to manage that case.

Q Okay. With respect to -- you also said that VSES will sometimes refer patients over to the other hospitals, outside of this instance where they're referring back after a surgery. What -- what would be the reason for that?

A You mean to -- to send them -- so when -- there's times where the -- the clients actually will prefer that it's managed by their GP. And there's times where the GPs can accommodate and perform whatever has to be done for that client. But they could do it either cheaper, quicker, or they just have a relationship with their GP and they would rather the GP manage it.

Q Okay. And does VSES ever refer cases due to workload?

A Yes. So if they're just too busy to -- to manage a case, a lot of times, there's -- whether it's a surgery, we'll send out either a Teams message, texting, calling the other GP hospitals to see who can take particular cases. Because we just can't manage it with the existing staffing or doctors.

Q Okay. How about with respect to training the employees at the various hospitals in VSES? What type of training is required for these folks?

A When they come over for holidays?

Q No, just in general?

A Just in general, what's -- oh, training at VSES?

Q Start with there?

A Oh, so we have -- we have two trainers that will -- also

will provide training at all of the GP hospitals and VSES for LVT staff and CSRs. And then, there's, you know -- you would set up somebody with a mentor to be trained at VSES. And it -- and it depends on the different service that you're on to what that training might look like.

Q Okay. Are you talking about, like, clinical training here?

A Yes. Well, clinical training, you know, it depends on, again, what position you are hired into. So you might need some more advanced training. But a lot of times, the training, especially around the holidays, is, you know, where things are. So any time you go into a new hospital, you know, you just need to know where to -- where to get your supplies. What is that particular workflow for discharge? What is the communication with the doctors? A lot of the training is around those sorts of things.

Q Okay. Is there any training required that's not either clinical or about, like, hospital operation that's required?

A So are these for when staff, like, pick up shifts and do holidays or brand-new employees?

Q I -- I guess it could be either an established employee or a brand-new employee. Like, is there any nonclinical training that they have to do?

A Oh, yeah. Yeah, there's, I mean, the mandatory trainings that we have every year that everybody goes through, so your

OSHA, your risk management, that all of the -- the Monroe group has to complete. And then, there's trainings that -- for processes, you know. And -- and you have, like, the handbook that applies to all of the employees, so making sure everybody's familiar and comfortable with, you know, those sorts of policies.

Q Okay. So just back to the training you mentioned, OSHA, risk management; do the employees at VSES have to go through that training?

A Yes.

Q And what about the employees at the GPs?

A Yes.

Q All right. And then, you mentioned the handbook; is that applicable to the employees at VSES?

A Yes.

Q And what about the employees at the GPs?

A Yeah.

Q Any other policies you can think of offhand that might be applicable to the employees in the entire Monroe group?

A I would say those are the -- those are the big ones.

Q Okay. Did the -- did the Monroe group enact any policies related to the pandemic that were applicable across the board?

A Oh, yeah, the COVID -- COVID policies. So masking, social distancing, curbside protocols, those applied to everybody.

Q All right. I'm going to show you what's been marked as

Exhibit -- Employer's Exhibit 31; can you tell us what this is?
A That's the PPE use during COVID, so utilizing masks.
Q All right. I'm just going to scroll down so we see the whole thing. All right, so this one looks like it was prepared by Andrea, right?
A Yeah.
Q Was this policy applicable across the board, though, to all of the GPs in addition to VSES?
A Yes.
MS. MASTRONY: All right. I'd like to enter this as Employer's 31.
MR. HALLER: No objection.
HEARING OFFICER DAHLHEIMER: Employer's 31 is received.
(Employer Exhibit Number 31 Received into Evidence)
Q BY MS. MASTRONY: Okay. Do the hospitals have a system for -- an electronic system for medical records?
A Yes.
Q And what's that?
A Infinity.
Q All right. And is this used at all the hospitals?
A Yes.
Q Okay. You had mentioned, before, the lab. Can you tell us what types of services the lab provides?
A So they run blood samples from any -- any draws taken at the GPs or at VSES, so CBC, Chem-A (phonetic throughout), that

sort of thing.

Q Okay. And where is the lab located?

A It's located right at the same geographical location as VSES.

Q Okay. But you said the other hospitals use the services there, as well?

A Yeah.

Q And -- and what employees work in the lab?

A So there -- there's a combination of LVTs and ACAs that are in the lab.

Q And then, you also mentioned the crematorium previously; can you tell us what that is?

A So that's a facility where bodies are cremated.

Q Okay. And where is that facility located?

A That's out in Perinton; it's its own separate facility.

Q Okay. So it's not part of any other hospital, right?

A Right.

Q All right. And which hospitals use the services of the crematorium?

A All of them, and then some non- -- nonMonroe group hospitals, too.

Q Okay. All right, and what types of employees work there?

A They're just not -- the nonclinical employees. So there's a supervisor and then another employee.

Q Okay.

MS. MASTRONY: All right. I do not have -- actually -- no, I didn't ask that. I don't have any further questions.

HEARING OFFICER DAHLEIMER: All right. Mr. Haller, your witness.

MR. HALLER: Thank you, just a moment. Okay.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Valente, I don't know if you've been -- if you've been tuning in earlier in the hearing. If you haven't, my name is Bill Haller. I'm representing the Union in this proceeding. I have a few questions. Unfortunately, they'll be rather scattershot because they're based on my notes that were taken during your testimony.

VSES is called VSES for a reason; isn't that correct?

A I -- I'm not sure what you're asking.

Q It's called Veterinary Emergency and Specialty -- I'm sorry, now I'm going to get it wrong. Veterinary Emergency and Specialty --

A Veterinary Specialty and Emergency Services.

Q Oh. Thank you. Veterinary Specialty and Emergency Services. It's called that because it provides emergency and specialty services not generally available at the general practices; isn't that correct?

A Well it provides -- yeah, we have board-certified specialists and emergency services.

Q So it is, in fact, correct, that VSES provides specialty

and emergency services that are not available generally at the general-practice facilities; isn't that correct?

A Well the general practice, I guess, it depends on how you define specialty. So we have laser therapy at Stone Ridge. There's -- you know, we have a rehab facility. Urgent care is provided at Animal Hospital of Pittsford. Behavioral services are provided at Companion. And all of the general practice hospitals see emergency visits. So you'll have sick, walk-ins, urgent sort of visits at the general practices as well.

Q Okay. Let me ask the question again, because I don't believe you've answered it. Aren't there in fact numerous specialty, as well as emergency services, provided at VSES that are not available to the general practice facilities?

A There are -- yes, there are some.

Q Some or many?

A Well, I guess that's a relative question.

Q Okay. Let me ask it a different way. Don't you think the customers would prefer one-stop shopping? There would be one facility where they can get all the services they need for their pets.

MS. MASTRONY: Objection. I think that lacks -- to lack foundation for that.

MR. HALLER: I think she's been working in this field for many years.

HEARING OFFICER DAHLEIMER: Can you please rephrase the

question?

Q BY MR. HALLER: As a long-time professional in veterinary care, don't you think the customers would prefer one-stop shopping?

MS. MASTRONY: Same objection.

HEARING OFFICER DAHLEIMER: Overruled. I'm not going to have her speculate what customers might prefer. Do -- do you have a specific question you'd like her to answer that's not about hypothetical preferences?

MR. HALLER: Okay. I think you sustained the objection. You said it was overruled. I'll move on.

HEARING OFFICER DAHLEIMER: It's sustained, yes.

Q BY MR. HALLER: Okay. If VSES shut down tomorrow, what services would be unavailable to Pathway customers in the Rochester area?

A If it -- if it closed. So let's say there was a fire and it was completely closed. Advanced imaging. We wouldn't be able to do MRI, CT, ultrasound. And then, we do have telemetry and ICU.

Q Anything else?

A Yeah. I said ultrasound, right?

Q Yes.

A Ophthalmology. That's all I can think of.

Q Okay. How about surgery that requires blood transfusions? That's only available at VSES, right?

A Right. Yep.
Q How about endoscopic procedures?
A Yep.
Q Have we covered the universal procedures that are only available at VSES?
A To my knowledge.
Q How about chemotherapy?
A Yep. That would not be able to be provided.
Q How about oncology services, generally?
A Well, that would be chemotherapy.
Q Okay. Okay. Are there oncological services outside of chemotherapy?
A That's not something that I -- I know.
Q Okay. How about orthopedic surgeries?
A There is -- there are some doctors that do some orthopedic surgery.
Q Outside of VSES?
A Uh-huh. Yes.
Q Are most of them done at VSES?
A Yes. But there's other GP hospitals in the area, as well as within the Monroe Group that does orthopedic. And I can't speak to other hospitals outside of the Monroe Group.
Q Okay. How about surgical procedures that require oxygen cages or oxygen therapy?
A Well oxygen is -- is able to be provided at other GP

hospitals.

Q Okay. Are there any board-certified surgeons at the other GP locations?

A Outside of the Monroe Group in the Rochester area, yes.

Q At any -- any Pathway-owned facility in the Rochester area?

A Not to my knowledge.

Q All right. How about complex fracture surgery repairs?

A I -- I can't answer that. I don't know that. There is a board-certified surgeon that works in the Rochester area.

Q But not -- not at a Pathway facility?

A No, but she works out of a GP hospital.

Q Is it a Pathway-owned GP hospital?

A No.

Q Okay. All right. You testified earlier about medical records, and there's an electronic program known as Infinity Systems, I guess, in which medical records are contained?

A Yep.

Q Okay. In the Infinity System, VSES staff are unable to access directly records from the other Monroe GP practices; isn't that correct?

A Yes.

Q And the other GP practices in the Monroe Group are unable to access VSES directly; isn't that correct?

A Yes.

Q Okay. You testified about the -- the laboratory and the crematorium. Both of those entities are separately supervised from VSES; isn't that correct?

A Yes. The crematorium, the supervisor for the crematorium is also the supervisor for the VSES environmental services team.

Q VSES environmental services team works at VSES, right?

A Yes.

Q And the crematorium is located, what, several miles away?

A Yes.

Q Okay. And the VSES staff has no involvement in the cremation of bodies, does it?

A Well, they -- they're involved in the body prep. So there's usually a lot of interaction with the crematorium, because the VSES staff prepares the body for cremation. And then the couriers, who also report to Dustin, log the bodies in and then transport them to the crematorium.

Q Okay. So the preparation of bodies you're talking about, that's a -- that's a function performed exclusively by the VSES staff?

A Yes.

Q And the crematorium staff performs -- actually the crematorium function as well as the courier function?

A Yes. The one courier is actually listed up under the crematorium.

Q Okay.

MR. HALLER: If everybody will bear with me.

Q BY MR. HALLER: Ms. Valente, I'm sorry to use you as a guinea pig, but I'm trying to -- I'm trying to master this screen share function. All right. How do I do this?

A Oh, I hope you're quicker than I am, because I think it took me about six months before I mastered it.

Q Did I do it?

HEARING OFFICER DAHLEIMER: You did.

MR. HALLER: Wow.

THE WITNESS: Yeah.

HEARING OFFICER DAHLEIMER: Good.

MR. HALLER: Is it showing Exhibit 30, or is it showing something I don't want you to see?

HEARING OFFICER DAHLEIMER: It shows Exhibit 30.

MR. HALLER: Okay. Hooray. I've entered the early 21st Century. I've been dwelling somewhere in the second half of the 20th century all this time.

Q BY MR. HALLER: Okay. Ms. Valente, you were asked some questions about this document earlier. So on the flow -- on this chart is Andrea Battaglia. She reports directly to you; is that correct?

A Yes.

Q Okay. And then Corey Hafler is also listed on here. And he reports directly to Andrea Battaglia; is that correct?

A Yes.

Q Okay. I believe that's all I had. Thank you.

MR. HALLER: I have no further questions.

MS. MASTRONY: Okay. I have some brief redirect.

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: You want to stop sharing, Bill? I mean, you can leave it up if you want to, but --

MR. HALLER: Now you're going to tax my abilities again.

MS. MASTRONY: That big red button that says stop sharing.

MR. HALLER: Yeah, but now it's all like down at the bottom of my screen. Why is that? I don't know.

MS. MASTRONY: Why don't we take a five minute break while you sort that out.

MR. HALLER: Okay. And I apologize.

MS. MASTRONY: Oh, no worries. All right. Just give us five minutes?

HEARING OFFICER DAHLEIMER: We're off the record.

MS. MASTRONY: Thanks.

(Off the record at 3:18 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Ms. Mastrony, your witness.

MS. MASTRONY: All right. Thank you.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: Sheryl, so opposing counsel went through some various procedures that are performed at VSES that are not

performed at the other hospitals. For instance, you know, you testified that there were certain surgeries that can only be done at VSES. So why are there certain surgeries that can only be done at VSES?

A There may be things, like, that if -- if it will require, or has a high potential to require, a blood transfusion, or going to be, you know -- require significant ICU care, certain -- certain surgeries. But I am probably not the best to speak to that. That is really more of a clinical -- I would say somebody with a clinical background can speak to it better than I.

Q Okay. Do you know, though, if, you know, the inability to perform a surgery at another hospital that has to be performed at VSES has anything to do with whether the CSRs are able to handle it?

A No -- no. It's not -- it would not be a -- a staffing issue. It would really come down to potentially a -- a equipment issue -- resource issue.

Q Okay. So it wouldn't have anything to do with whether the ACAs could handle the procedure?

A No.

Q Or what about the LVTs?

A No.

Q Okay. Would you say the same thing for something like chemotherapy, that can only be performed at the VSES?

A No. I mean, if -- if one of the internal medicine doctors wanted to start doing or providing chemotherapy services at a GP hospital, they would certainly be able to do that.

Q Okay. All right. And you know, you testified previously that often folks will, from other hospitals, pick up shifts at VSES, including for the holidays. Do they have to be trained to pick up shifts at VSES?

A Not -- not with clinical skills. The only training that they go through is basically on where things are and specific workflow processes. So they know when the board changes to purple, that means it's ready to be discharged, that sort of thing.

Q Okay. And I think you talked about Corey Hafler before. Can you tell us again what his position is?

A He's the manager for the administrative team at VSES, as well as the rehab facility across the street.

Q So what employees does he supervise at VSES?

A The front desk; the CSR employees.

Q Okay. And then, at the rehab facility, who does he oversee?

A The -- the clinical team there, which is ACAs, and the team that does the rehab services.

Q All right. And then, you also talked about -- and I'm sorry, the rehab facility is located where?

A It's across the street from VSES.

Q Okay.
A Separate building.
Q Okay.
A Yeah.
Q And I believe you talked about Dustin as well. Can you tell us his position again?
A He is a supervisor. So he's over three different departments: the crematorium, the EVS team at VSES, and the couriers.
Q I'm sorry, the?
A The couriers.
Q Oh, okay. And what employees are at the crematorium; what -- what positions are there?
A I don't actually know their actual titles. But they are -- she -- I would say, the equivalent of, like, a CSR, but they actually perform the cremations.
Q Okay. Do those employees have any interaction with employees at VSES?
A Actually, one of them used to be a CSR at VSES and will occasionally come back to VSES and help out, pick up shifts, at the front desk. But then, as far as there's usually communications between the two regarding processes. We have changed up the body-prep process for VSES and working with that team. So there's -- there's always crossover there.
Q All right. And what about -- do the employees of the

crematorium have any interaction with employees at the other G's?

A Yeah. So all of the -- the GPs also send to the crematorium. So they'll have interactions. If there's any issue, or concern, or problem with how the body was prepped, they'll have interactions that way.

Q All right. You mentioned the couriers before. What locations do they -- would they go to?

A So they would go to all of the Monroe Group GPs, and then the -- the crema -- the cremation -- the crematorium courier will also do all of that. And then for the lab, they'll do pickups outside of the Monroe Group as well.

Q Okay. Do they go to VSES?

A Yes.

Q Okay.

A VSES, the admin, pretty much all of the locations.

Q Okay. And the employees at -- who work at the rehab, do they interact with the employees of GPs?

A Does rehab interact with the GPs?

Q Yeah.

A Yeah. The -- the staff there was actually shared for a period of time, between the GP and -- and rehab. And the referrals from -- for rehab, a significant amount come from GP.

Q Okay. And do the employees of the rehab facility interact with employees at VSES?

A Yes.

Q Okay.

A Yeah. There's a -- actually a -- a tight workflow there, between the two. As far as scheduling the -- the first initial consult, the team at VSES will share some rehab material and information with the client at their -- the discharge for their surgery visit.

MS. MASTRONY: Okay. I don't have any other questions.

MR. HALLER: I have just a few on -- on recross, if I may?

HEARING OFFICER DAHLEIMER: Please.

RECROSS-EXAMINATION

Q BY MR. HALLER: Ms. Valente, the -- the rehab facility staff, they've got a different job skill -- skill set than anybody at VSES, don't they?

A It's a little -- it's slightly different, but it's kind of interesting, because I just had a meeting with them. The training of an ACA is -- is very minimal, and we routinely will just schedule somebody to cover over there when somebody's out or on vacation.

Q You schedule folks from VSES to work over there?

A Yeah. To -- to help cover for an ACA if they're out.

Q Okay. Have you ever worked in a position involving patient care, or any -- any sort of clinical position in animal health care?

A No.

Q Okay. That's all I have. Thank you.

MR. HALLER: No further questions.

MS. MASTRONY: I don't have any redirect or --

HEARING OFFICER DAHLEIMER: Okay. So Ms. Valente, thank you very much for your testimony this afternoon.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: The Employer may call their next witness. Do you have someone ready or do you need a minute?

MS. MASTRONY: Yeah. So we went a little more quickly than I anticipated. We do have another witness who will probably be our last witness for the day. I'll see if I can get her earlier. But we had planned on 4:00 with her. So do we want to just wait until 4? I think we should be able to finish her. I can see if I can get her earlier, but I -- I don't know.

HEARING OFFICER DAHLEIMER: Can -- can you call quickly and see if she's available sooner before -- so before we break, if we're going to break for half an hour, just see if you can get her sooner. And if not we'll -- we'll take a break until 4.

MS. MASTRONY: Yes. Give me one sec.

(Off the record at 3:34 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Employer, your witness.

MS. MASTRONY: All right. We shall -- we have -- we call

Sheila Casler.

HEARING OFFICER DAHLEIMER: All right. Good afternoon, Ms. Casler. My name's Mike Dahleimer. I'm the hearing officer. I work for the National Labor Relations Board. Please raise your right hand.

Whereupon,

SHEILA CASLER

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Okay. You can put down your hand. All right. Can you please state your name and spell it for the record?

MS. CASLER: Sheila Casler. First name, S-H-E-I-L-A; last name, C-A-S, as in Sam, L-E-R.

HEARING OFFICER DAHLEIMER: Okay. Employer, your witness.

DIRECT EXAMINATION

Q BY MS. MASTRONY: All right. Good afternoon, Sheila. How are you?

A Hi. Good, thanks.

Q All right. Are you currently employed?

A Yes.

Q All right. Can you tell us by whom you are employed?

A Pathway Vet Alliance.

Q All right. And what is your position?

A I am hospital administrator. I manage three businesses,

two locations; Animal Hospital of Pittsford, Animal Urgent Care located out of Animal Hospital Pittsford, and Companion Animal Hospital.

Q All right. Can you just tell us briefly what your position is at the various hospitals entails?

A Sure. So I oversee daily operations of each location, manage any issues that come up. Basically in charge of the team.

Q And can you just give us a brief overview of your educational background?

A Sure. My educational background?

Q Yes.

A I graduated from high school and have a few years of college.

Q Okay. And how about your -- your career path prior to your present position?

A Sure. So I worked -- I've worked in the veterinary industry for over 20 years. I started out at a hospital about two hours east of here, where I worked for 17 years, 10 of which were in management. And I have worked for my current location, Animal Hospital of Pittsford, since February 29th, 2016.

Q Okay. And what positions have you held there?

A I was hired on as hospital manager. And then I have -- I helped with the launching of Animal Urgent Care. And then I

also took over Companion Animal Hospital, managing there. When we launched our rehabilitation center, I was -- I managed that initially and helped to launch that location as well.

Q Okay. So can you tell us the types of services that are provided at, you know, the three different hospitals that you manage. I know you mentioned AHOP, Urgent Care, which I know is part of AHOP, and Companion. So let's start with AHOP. What types of services are provided there?

A Sure. So as a general practice, we perform a range of services, including surgery, dentistry, wellness protocols. We treat illness. We have diagnostic testing, both in-house and send-out capability, X-ray, ultrasound, as well as an in-house lab and an external lab that we're able to offer. And we also do medical boarding.

Q Can you tell us what you mean by medical boarding?

A Sure. So patients that board with us that might be diabetics, or have, like, heart patients that need extensive medical care or monitoring.

Q All right. And what about at Companion, what types of services are provided there?

A Very similar. So general practice, diagnostics. We have X-ray, surgery. We have an in-house lab. And we're also able to do external lab. I said surgery, dentistry, you know, wellness and illness. So very similar.

Q All right. And then what type of care is provided at

Urgent Care?

A Okay. So Urgent Care is a little bit different, in the sense that we offer sort of a step down from the emergency hospital. And I would equate it to kind of, in human medicine, an urgent care facility. So it's kind of more about what we can treat and street. So anything that wouldn't require hospitalization, intensive care, or surgical intervention during those times. And so Animal Urgent Care, we operate that business on the weekends and holidays when other locations are closed.

Q And so when is Urgent Care open? You mentioned they operate on weekends and holidays. Are those their only -- the only time that it's open or --

A Yeah. So it's open Saturdays from 2 to 8 p.m., Sundays from 9 a.m. to 5 p.m., and holidays from 8 a.m. to 6 p.m.

Q Okay. What about Companion and AHOP, when are they open?

A Our hours are 7:30 a.m. to 7p.m., Monday through Thursday, 7:30 a.m. to 5 p.m. on Friday, and 8 a.m. to 2 p.m. on Saturday.

Q And what types of equipment are available at AHOP?

A We have an in-house X-ray. We have ultrasounds. We have several in-house laboratory machines. So we have a CBC and chemistry machine. I'm trying to think, I'm sorry. And then, I mean, in addition to the other kind of equipment that we use, such as our surgical equipment. We have laser. And then

any of your basic drugs and medical supplies that we would need to -- to treat patients.

Q Okay. And what about the equipment available at Companion?

A Very similar. While sometimes we differ in some of the -- so for instance, Animal Hospital Pittsford has a laser machine. Companion Animal Hospital doesn't have a laser machine, but everything else is very similar.

Q Okay. And then what about the equipment available for urgent care?

A It would be the same because Animal Urgent Care is housed out of Pittsford Animal Hospital, so the same equipment is available.

Q Is urgent care actually a separate location, or do they just operate out of AHOP at the times when AHOP is not operating?

A That's -- the -- the second thing you said is correct. So it's the same location, it's just a different business that operates out of the same location.

Q Okay. All right. Let's move to the services that are provided at Companion and AHOP -- AHOP as opposed to the services provided at VSES. How are those services different?

A So Veterinary Specialists and Emergency Services -- sorry -- or VSES, as we love to call them, they have some -- they have board certified surgeons and specialists that we

don't have, so our veterinarians don't have board certification, and they have more intensive equipment to be able to handle, like more intensive hospitalizations or surgical cases. They also have CT, MRI, and advanced diagnostic capabilities.

Q Okay. And what does the board certification mean in terms of the -- the doctors?

A So those veterinarians who have -- who are board certified, it's kind of -- again, I would equate it to sort of human medicine, so they have gone to school longer to learn more about that specialty. So for instance, if you were a board certified surgeon, you would have gone to school longer and done like, a surgical rotation, so it's several more years of schooling, and then you also have to pass a boarded exam for that specialty.

Q All right. With respect to the staff, what types of positions are there at AHOP?

A We have a -- we have veterinarians, and then our licensed veterinary technicians, animal care assistants, and our client service representatives. And we also have some administrative team members that handle things such as inventory, ordering, and some other administrative clerical things -- billing, things like that.

Q Okay. So can you tell me what the LVTs do at AHOP?

A Sure. So I would -- again, if I'm comparing to human

medicine, your licensed veterinary technicians are kind of like your registered nurses, so they have gone to school to complete a degree in veterinary technology, and then they have passed an exam that tests their skills and knowledge. So they are able to assist the veterinarians with things like monitoring patients while they're under anesthesia, you know, they're allowed to also kind of be dental hygienists: they scale and polish teeth, they will give injections to patients. So they're a lot about patient care and kind of assisting the veterinarians with making sure that their orders get carried out for their patients.

Q Okay. What about the animal care assistants? What do they do?

A And again, I'm going to sort of relate everything to human medicine. They are kind of like your nursing assistants, so their main role is to assist the veterinarians and the doctors with patient care, they do a lot of client education, they're doing a lot of treatments on pets -- they're allowed to do oral medications, restraint -- you know, kind of helping hold animals, take them outside for walks, et cetera, care for their kind of basic needs.

The difference between the animal care assistants and our license technicians is because they are not licensed in New York State. There are things they're not allowed to do; so they cannot give injections, vaccinations, they can't monitor

pets under anesthesia, they cannot perform diagnostic tests such as X-rays or blood work or anything like that.

Q Okay. And what about the customer service reps at AHOP? What do they do?

A Sure. So I kind of like to call them the client liaison. They really are the person that is in contact with the client and kind of helping the client navigate through things that are going on at the hospital. So they'll take messages and relate those to the -- back and forth between the doctor and the client or the rest of the medical team, they're scheduling appointments, they're the ones that are kind of preparing clients for what happens when you come in for an appointment, answering some basic questions, and just all over like the -- the client's representative while they're -- while they're here or on the phone.

Q Okay. And what types of positions are at Companion?

A The same.

Q All right. And do they have the same duties?

A Yes.

Q All right. And what about urgent care?

A The same.

Q The same types of employees?

A Yeah -- yes. Yes.

Q And do they have the same duties at urgent care?

A Yes.

Q Okay. And do you have any EDS (phonetic) employees at AHOP or Companion?
A Do you mean -- I'm sorry.
Q Environment -- sorry, environmental services employees.
A Oh, okay. No, we --
Q Sorry.
A -- do not.
Q Okay. And who cleans at those hospitals?
A Combination of some of the team members, and we have an outside cleaning service also.
Q How about the shifts of the staff at AHOP?
A It varies. So sometimes people might have a 12-hour shift, they may work from 7:30 a.m. until 7:00 p.m.; sometimes people may work, you know, half a shift or varying things throughout the day. It really depends on what kind of coverage is needed and when we have the most patients coming into the -- to the hospital.
Q Okay. And is that similar for Companion?
A Yes.
Q Okay. What about for urgent care? How is that staffed?
A We use a similar model, but because of the different hours, most team members end up working -- especially on Saturday because it's 2 to 8 -- so that entire shift.
Q Okay. Do any staff who are primarily at a different hospital come and work at Companion or AHOP or urgent care?

A Yes. So let's talk about -- let me just separate Com -- or AHOP and Companion, and then talk about urgent care, because there's a little bit of a difference there. But for Pittsford and Companion, we do have -- we do share a lot between those two locations, partially because we are closely located in proximity to each other, and also because I manage both locations. So frequently we share team members between the two hospitals, and occasionally when we need coverage -- more so at Companion -- but we may reach out to our group -- our Monroe group, to get someone to help fill in if there's a gap.

And urgent care is a little bit different because we are open holidays. So part of -- any team member that joins our group is kind of communicated -- and when I say "our group", I mean our group of hospitals plus the emergency hospital, so anyone that works for the Monroe group as part of Pathway is made to understand that there will be a holiday commitment. So each team member, dependent on whether they're full time or part time, has a certain number of holidays that they're required to work per year, and so for those, because urgent care is open for holidays, they're staffed, many times, by people that work at other locations.

Q And the holiday commitment, is that a holiday commitment for urgent care, and then a separate holiday commitment for VSES, or is it the same holiday commitment which you can ful -- fulfill by working at VSES or urgent care?

A It's the same holiday commitment. So employees can indicate what their preference is. If they prefer to work urgent care -- especially because it's more closely related to the general practice, or they can choose to work at -- they can't choose, I'm sorry. They can indicate a preference for working at VSES or urgent care, and we take that into consideration when we're doing the scheduling, when we can.

Q Okay. And -- okay. And do you -- do you have to coordinate with VSES to ensure the holiday coverage?

A Yeah. So Chris West, who is the staffing coordinator for -- she does the holiday schedule for all of the Monroe group. So generally, she and I will be in communication about what the needs are at urgent care. And I'll let her know, say, we need three technicians and two animal care assistants and one CSR, for example, and then she will look at, you know, kind of taking into consideration people's preferences for who might want to work an urgent care shift, and then she schedules all of the Monroe group and lets me know who will be coming to work at urgent care.

Q Okay. Does your staff ever work at other hospitals -- or at VSES, rather?

A Yes.

Q Okay. And when does that occur?

A So many times, especially lately given staff shortages just throughout our industry right now, VSES will reach out for

staffing support. And so I do have several team members that will pick up shifts, if they can, in addition to their shifts at other -- at -- at their home hospital.

Q Okay. And you said -- said that was due -- that would be due to staff shortages?

A Yes.

Q Okay.

A So we kind of have a little Teams group where we'll reach out to each other, the managers, or other hospitals, and someone might indicate that there is a staffing shortage at one location, or send an email or something, and so sometime -- you know, we let our teams know that there is a shortage, and oftentimes, team members will opt to pick up those shifts.

Q How often would you say that occurs where someone from one hospital is reaching out to the group to ask about coverage?

A It definitely has increased more be -- since the pandemic just because there is a huge need right now. There's a lot of pets that need care, and unfortunately, not enough hospitals and locations to care for them, so it's happening more often now, and I would say it's usually a few times a week at least.

Q All right. I'm going to share my screen for a sec. Okay. I'm showing you what has been marked as Employer's 36. Are you able to see that?

A Yes.

Q All right. And can you tell us what that document is?

A Sure. So these are different examples from, I think, a few different people, but I'm -- yeah, so it looks like Corey has written some, and possibly Chris, so just kind of indicating some of these are emails and some of them might be Teams messages -- so reaching out for support for VSES.

Q All right. And were you part of or among the recipients?

A Yes.

Q Okay. I'm going to scroll through -- it's one, two -- we have three pages here. So are these the Teams messages and/or emails to which you were referring that people will send out when they need assistance?

A Yes.

Q Okay.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 36.

MR. HALLER: No objection.

MS. MASTRONY: All right.

HEARING OFFICER DAHLEIMER: It's received.

(Employer Exhibit Number 36 Received into Evidence)

MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: Just a quick follow-up. Is this -- is this document some sort of compilation then since it contains both emails and the -- and when you say "Teams", are you referring to Microsoft Teams?

THE WITNESS: Yes.

HEARING OFFICER DAHLEIMER: Okay. And so this is just someone had copied and pasted into, like, a Word document, Teams messages and emails? Is that what this --

THE WITNESS: Correct.

HEARING OFFICER DAHLEIMER: Okay. Understood.

Q BY MS. MASTRONY: All right. How about transfers -- permanent transfers among the hospitals? Has that ever happened?

A Yes.

Q How often would you say that occurs?

A It's hard for me to judge that, but it does happen on a regular basis.

Q All right. Have you ever had someone transfer either from one of your hospitals to VSES or from VSES to your hospital -- hospital?

A Yes. I have currently two technicians that have transferred from VSES to Pittsford, and I have one employee that just transferred from Pittsford to VSES.

Q Okay. And how do those transfers occur?

A I'm sorry, could you repeat that?

Q How do the transfers occur?

A So when an employee is interested in changing locations or home hospital, they would have -- so okay, let me just go back for one second because the transfer process just recently changed as we changed umbrellas. But since we have been with

Pathway, which would be May 15th, employees would have to know that there was an opening at another hospital, so they would find that out via either Indeed or any kind of internal documentation or notification that we would give to employees. And once they know that there is an opening, they could just apply for that position and just discuss with their supervisor that they're looking to make a change and possibly interested in pursuing a position at another location.

And then they would go through the same or a similar kind of hiring process that an outside applicant would go through: they would be interviewed, et cetera. And then once they determined -- other locations determined -- so say it was someone coming from Pittsford to go to VSES. If VSES decided to take that person on, then they would contact me, as a practice manager, and say, this person -- we're going to take this person on. How do we coordinate when their first day can be and what that schedule looks like?

Q Okay. And you mentioned -- you mentioned that, I think you said, two of -- two employees from VSES came over to Pittsford, and one of your employees went over to VSES. What positions were those?

A So the two employees that came from VSES were both licensed veterinary technicians, and the other employee was a kennel supervisor here but got her technician's license, so she transferred into a licensed veterinary technician position at

VSES.

Q Okay. In terms of hiring new applications, is -- how do obtain -- or hiring new employees, how do you obtain applications?

A We use something called Jobvite. It's a third-party tool. So any openings that we have, we list them in Jobvite, and we have a regional recruiter that works with the Monroe group that will kind of go through and review our applications and give us any feedback on, you know, job descriptions or other things, and then they post it, and that gets posted to a lot of different online application places like, Indeed, Glassdoor -- I don't know all of them, but I think there's about 10 or 12.

Q All right. And -- and do -- if you -- if you know, do all of the hospitals in Monroe group use Jobvite to obtain applicants?

A Yes.

Q And you mentioned the recruiter. Does that recruiter service all of the hospitals in the Monroe group?

A Yes.

Q And that includes VSES?

A Yes. We have --

Q Okay.

A -- one recruiter that does all of the support staff, and then we have a recruiter that does all of the DVMs for our group -- for the doctors.

Q And do you ever coordinate with the other hospitals regarding applicants?

A Yes. So sometimes if -- and when I say -- when you ask about coordination, it would be mostly the managers that would do that -- would be in contact about, say, if we have an applicant that we really like but then we don't have an opening any longer, or if we interview two different people and we think they're both really good candidates, but we only have one opening, we'll generally communicate with each other about, hey, you know, this person applied, and we interviewed them, and they were really great, but we don't have a spot at our hospital, could you -- you know, could someone utilize them?

Q And does that coordination happen with the folks at VSES as well?

A Yes, and sometimes people may indicate that they're looking for something more, you know, fast-paced or more -- they want more emergency exposure, so we would let them know that there was that opportunity.

Q Okay. You had mentioned previously that you had oversight over the rehab facility, right?

A Yes, for -- yes, for a time. I no longer do that, but yes, I did.

Q Okay. And where's the rehab facility located?

A They are at 580 White Spruce Boulevard. So they're next to the emergency hospital.

Q Okay. So not actually in VSES; a separate location?
A Correct.
Q Okay. And what types of employees are there? What positions?
A They have one veterinarian, and then there are several animal care assistants.
Q Okay. And which hospitals in the Monroe group use the rehab facility?
A So any of us would refer patients to the rehab facility if there was a need, but the majority of patients come from -- that they're looking for rehab after a surgical procedure, so many of them come from VSES.
Q Okay.
A Post-surgery.
Q Okay. And what do those -- what do those employees do there? What are their job functions?
A They are kind of almost a cross between a CSR -- or client service representative, and an animal care assistant, so they are coordinating the clients and patients as far as scheduling and answering phones, they're also assisting with their care and doing a lot of the -- the treatments on patients. So they're not getting injections, but they're getting things like underwater treadmill, manual exercises, laser therapy. So those are all things that our animal care attendants will -- will perform under the order of a doctor.

Q Okay. And do the employees at the rehab facility ever have to coordinate with employees at VSES or one of the other GTs with respect to providing care to the patient?

A Yes, they're in close contact with each other via Microsoft Teams about patients that might be having surgery that need care. They do share a document, kind of like a spreadsheet of animals that are -- have surgery scheduled -- orthopedic surgery specifically, so that the rehab team knows when these patients will be -- are scheduled to have surgery and when they'll be going home so that they can schedule their follow-up rehabilitation services.

Q Okay. With respect to scheduling appointments for patients, do you have an electronic system by which you do that?

A Yes, our batch management system is called Infinity, and everyone in our group uses that same system.

Q And that's VSES as well?

A Yes.

Q Are you able to access the other hospitals' schedules for patients?

A Not at this time, no.

Q Okay. Is that in the works?

A When we -- we are looking to incorporate a new price management software, and when that gets introduced, it will be possible for us to have insight in -- into other locations'

medical records.
Q Okay. And do you ever schedule patients at one of your hospitals that was supposed to be at VSES?
A Can --
Q Want me to rephrase?
A Yes.
Q Sure. So do you ever schedule a patient at your hospital that was initially scheduled to be at VSES?
A We -- well, so VSES is not really a scheduled thing, but I guess yes and no. So no in the sense that because they don't really do schedule esp -- except for the specialty hospital -- and those would be mostly services that we don't offer, but there are times when they cannot take in patients, and so we offer them spots in our schedule -- "them" meaning VSES -- and they're able to schedule patients for us.
Q Okay. Let me show you what we've marked Employer's Exhibit 40. Are you able to see that?
A Yes.
Q All right. So this is a one-page doc. Can you tell us what this is?
A Sure. So we have a shared spreadsheet between VSES and all of the hospitals, because again, so since the pandemic and VSES being very overwhelmed with patients and their load, and I'm trying to focus on taking critical patients only, the general practices have worked together to -- with VSES -- to

kind of come up with some solutions to that, and part of what we're trying to offer our ill pets to get seen at the hospitals that we maybe would have transferred before -- that we can handle, so that they're freed up to see critical cases.

So we created this kind of shared document, and hospitals will put on there when they're able to offer, and they kind of set aside time and days that they're able to offer appointments, and VSES -- the VSES team actually schedules clients into those spots, and they will send us a message via Microsoft Teams just letting us know this is the information, this is who you have coming in, and this is why.

Q Okay. Are there ever any other times when VSES might send a patient to one of your hospitals?

A Yes. So because again, of the huge volume that we're all seeing right now, they -- VSES has sometimes had difficulty being able to manage some of their surgical load. So they may have times when they don't have a surgeon available, or they don't have the support team, or a client indicates that they may have a financial burden, so. And a general practice can do the surgery for a lower cost, they'll reach out and say, you know, hey, we have this patient that needs, say, a foreign body surgery, or cystotomy, or generally it's something that the patient needs surgical intervention immediately or it will get sicker or potentially die.

Q Okay. How does VSES let the other hospitals kn --

hospitals know that it needs some assistance with some of these patients?

A Generally because those communications are more urgent, they will -- VSES will send a message via Microsoft Teams. We have two different channels set up in Teams, so one is between VSES and Pittsford -- generally because of urgent care on the weekends, and we're kind of in constant contact about where each of us are at as far as capacity and load, and then there's one between VSES and all the other Monroe locations. So generally, VSES will post something in that group that goes to all the different hospitals and say they have, like I said, a foreign body or a pet that needs pyometra or something and they cannot accommodate, can anyone take -- take that on?

Q Okay. I'm going to share my screen. (Audio interference) document?

A Yes.

Q Okay. All right. I'm just going to scroll down to the bottom; you can see this is one page. Can you tell us what this document is?

A Sure. So these -- this is just a representation of some communications from VSES where they're reaching out for surgical or appointment support.

Q All right. So look at the top here -- let me make it a little bit bigger. BSR-103 (phonetic throughout), do you know who that is?

A So that would be VSES. Their -- their workstations are numbered, so that's why they have the 101 through 108, I think it is.

Q So it says here at the top, "Does anyone have an urgent care appointment left for today? It's for a German Shepherd with glass embedded in her paw." And the response here from Animals Hospital Pittsford is "Scheduled at Pittsford". So that would have been someone from one of your hospitals?

A Yes.

Q Okay. And acknowledging -- or confirming that they can take the -- the patient?

A Yes.

Q Okay. And this is from August 31st. Do you know what year this is on?

A This year.

Q Okay.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 35.

MR. HALLER: Just a moment.

THE WITNESS: Excuse me.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Employer 35 is received.

(Employer Exhibit Number 35 Received into Evidence)

Q BY MS. MASTRONY: Okay. So you said that the -- the GPs

will keep spots open for VSES; is that right?
A Yes. Yes.
Q And do they keep the appointments open for specific procedures or is it just in general?
A So it's mostly for appointments. So I'm going to go back to sort of our -- each of us kind of has a triage guide that we use that was developed by Dr. Wihlen, who is our regional director, and Dr. Kirk, who's the medical director at VSES, where we utilize that to just kind of determine, based on a pet's symptoms, how urgent it is for that pet to need medical care.
Q Okay.
A And so we set aside -- we keep appointments open to help with the things that we can see in order to take a little bit of the load off of VSES. Typically -- things have shifted a lot, so typically, VSES would have been seeing -- we categorize them into, like, red, which is critical, yellow, which is urgent, and green, which is minor -- so typically, prior to the pandemic, VSES would have seen critical and urgent cases, but because of volume, they're really only focused on the critical cases, so the general practices have taken on more of the yellow or urgent cases in addition to those green minor things.
Q Okay. What type of cases would the yellow ones be?
A Sure. So how we categorize those is -- like, green minor things are -- I know you didn't ask that, I'm sorry -- are

like, things that are itching, that are annoying but can wait a few days. Yellow urgent cases would be things like vomiting, diarrhea, not eating for several days, a urinary tract infection, maybe an upper respiratory infection, things that kind of need intervention or they will get sicker.

Q Okay. And I know you said previously that they will refer surgeries to -- that VSES will refer surgeries to other hospitals. What types of surgeries would they refer?

A Mostly they're referring to things that need surgical intervention more quickly, so possible -- possibly like a foreign body injection -- or ingestion, sorry -- pyometra, which is an infection of the uterus that can become fatal; something where you had a male cat that was blocked, can't urinate; a cystotomy, which would be like a stone removal; so things that the pet -- again -- could get sicker or die if it didn't have intervention quickly.

Q And are those surgeries that V -- VSES does handle on occasion?

A Yes.

Q Okay. And they're referred to your hospital in what circumstances?

A So if a client indicates that they cannot afford services at VSES because they have specialty and board certified surgeons, their prices are higher, they're able to offer a higher level of -- of care -- intensive care, or if there is --

if they're at capacity and they could not perform the surgery due to staffing or not having a surgeon, they would refer those out to see if anyone else could handle those.

Q Okay. All right. We had testimony previously that the practice managers meet on a weekly basis with Sheryl. Do you attend those meetings?

A Yes.

Q Okay. And then who else attends the meeting?

A So it would be everyone in the manager's group. So anyone that is a practice manager or office manager or hospital administrator for any of our general practice locations as well as VSES.

Q Okay. What's discussed at this meeting?

A I'm sorry you cut out. Could you repeat that?

Q Sure. Sorry. What's discussed at this meeting?

A We would go over any things that are related to the whole group, so things like when you talked about recruiting, because we all use the same system, so we may talk about that. We generally touch on what is going on at the emergency hospital just to see kind of volume and capacity and things like that. We'll talk about anything that we have to know that's upcoming that would affect all of us, such as changes to general operations.

Q All right. I'm going to share my screen here. Are you able to see this document?

A Yes.
Q We've marked this as Employer's 20. Can you tell us -- actually, let me just scroll. Sorry, it's just one page. Can you tell us what this is?
A Sure. So these are hospital manager meeting notes.
Q Okay.
A So every -- we have meetings every week, and generally, I take notes and distribute them out to everyone afterwards so that if anyone's missing, they have an idea of what was talked about in there; they have the information they need.
Q Okay. And did you take these notes?
A Yes.
Q All right.
MS. MASTRONY: I'd like to enter this as Employer's Exhibit 20, a full exhibit.
MR. HALLER: No objection.
MS. MASTRONY: All right.
HEARING OFFICER DAHLEIMER: Employer's 20 is received.
(Employer Exhibit Number 20 Received into Evidence)
MS. MASTRONY: Thank you.
I do have a series of these; I'm just going to put each one up, run through it, and have her identify it, and put them in.
HEARING OFFICER DAHLEIMER: Before you do that, Maura, can I ask what the relevance is of what appears to be numerous sort

of duplicative documents?

MS. MASTRONY: So just showing that -- what's discussed at these meetings. They're not all the same; just showing the various issues that they cover, as she will testify to.

HEARING OFFICER DAHLEIMER: All right. They seem to me as pretty tangential relevance, but okay.

MS. MASTRONY: Okay.

Q BY MS. MASTRONY: Moving up what we have marked as Employer's 21; this is two pages. And Sheila, can you di -- identify what this is?

A Yeah, so this would be our manager meeting notes from June 16th.

Q Okay. And that's from this year?

A Yes.

Q All right.

MS. MASTRONY: Okay. I'd like to enter this as Employer's 21, full exhibit.

MR. HALLER: I'm tempted to object, but no, no objection.

HEARING OFFICER DAHLEIMER: If you want to object, feel free, because I do note the objections on the way that I track these.

MR. HALLER: Okay. It's all right.

HEARING OFFICER DAHLEIMER: So the fact that I'm going to overrule you should not be a -- should not determine whether or not --

MR. HALLER: My feelings get so hurt every time you do that that it's difficult for me. No, it's all right, they -- these can come in.

HEARING OFFICER DAHLEIMER: Okay. Employer 21 is received.

(Employer Exhibit Number 21 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: Next one we've marked as Employer's 22. All right. Let's scroll through this; there's three pages. All right. Sheila, can you tell us what this is?

A This would be our meeting notes from July 20th of '21.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 22 as full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: (Audio interference).

(Employer Exhibit Number 22 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: This we've marked as Employer's 23. I'm just going to scroll; it is two pages. Sheila, can you tell us what this is?

A Manager meeting notes from July 20th, 2021.

HEARING OFFICER DAHLEIMER: Were there separate meetings on that --

THE WITNESS: I think --

HEARING OFFICER DAHLEIMER: -- day?

THE WITNESS: I was going say, I think that we already did this one, or it might be a repeat.

MS. MASTRONY: Yeah, this could be duplicative.

All right. Let me hand you that one.

Let's go to Employer's 24.

Q BY MS. MASTRONY: Sheila, can you tell us what this is?

A Sure. So those are manager meeting notes from July 28th, 2021.

Q All right.

MS. MASTRONY: And I'd like to enter this as a full exhibit, Employer's 24.

MR. HALLER: No -- no objection.

Q BY MS. MASTRONY: Okay. Sheila --

HEARING OFFICER DAHLEIMER: Employer's 24 is received.

(Employer Exhibit Number 24 Received into Evidence)

MS. MASTRONY: Thanks.

Q BY MS. MASTRONY: Sheila, can you just look at that third little point down, and tell us what that's addressing?

A Sure. So kind of what I have talked about before, but the high volumes at VSES and just having all of our locations use a triaging guide to determine what pets are considered critical, trying to see more of those minor green cases and yellow urgent cases ourselves instead of referring them to VSES because they're concentrating on the more critical cases.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's -- oh, no, sorry, we already did that. Sorry. Let's go to the next one. Well, this one, this is two pages.

Q BY MS. MASTRONY: All right. Sheila, can you tell us what this is?

A Sure. So that's our manager meeting notes from August 11th, 2021.

MS. MASTRONY: (Audio interference) as full exhibit, Employer's 25.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 25 Received into Evidence)

Q BY MS. MASTRONY: All right. Sheila, look at that second bullet point down. Can you tell us what that's about?

A The OSHA training one? Is that what --

Q Yep.

A -- you're referring to? Sorry, I have to read it.

Q Yeah.

A Yes, so we had a new OSHA training that was released through Workday that was for all team members to complete -- and when I say all team members, I mean everyone in our Monroe group -- so we are just kind of giving notification to the managers that that would be coming out and to make sure that their team members were aware so they could get those

completed, and also updating our OSHA binders with the new information from SharePoint for Pathway.

Q Share what we've marked as Employer's 26; it's a one-pager. Can you tell us what this is?

A Our manager meeting notes from August 18th, 2021.

Q Okay.

MS. MASTRONY: If we could enter this as full exhibit, Employer's 26.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 26 Received into Evidence)

Q BY MS. MASTRONY: All right. And Sheila, if you look at the eighth bullet point down, can you see my little cursor? Can you tell us what that's about?

A Yes. So because VSES was reaching out more often for surgical support, we were trying to encourage hospitals to possibly save some surgical spots in addition to what we talked about with saving appointment spots so that we can schedule pets into that and get them the care that they need.

Q All right. And (audio interference) we have as Employer Exhibit 27. Let's see. This is two pages; I'm just scrolling down. Sheila, can you tell us what this is?

A Our manager meeting notes from August 25th, 2021.

Q All right.

MS. MASTRONY: And I'd like to enter this as Employer's

27.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 27 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Sheila, we also had testimony previously that the practice managers meet with the medical directors. Do you attend those meetings?

A Yes.

Q All right. And how frequently do those occur?

A Once a month.

Q All right. Can you tell us what -- I'm going to scroll; this is three pages. All right. Can you tell us what this document is?

A Sure, that is meeting notes from the medical director/manager meetings from July 21st, 2021.

Q Okay. And who's present at these meetings?

A So it would be the same group that is present at the manager's meeting. So office managers, practice managers, hospital administrators of all the locations, including VSES, as well as the medical directors of all the general practices, and VSES.

Q All right. And do you know who took these notes?

A It was me.

Q All right.

MS. MASTRONY: I'd like to enter them as Employer's 28, full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 28 Received into Evidence)

Q BY MS. MASTRONY: Only one more. All right. Let's scroll to this one; this is also three pages. Sheila, can you tell us what this is?

A Sure, it's a sa -- meeting notes from the same type of meeting: medical director/manager meeting from August 17th, 2021.

Q And did you take these notes as well? Sheila, did you take these notes as well?

A Oh, I'm sorry. Yes, yes, I did.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 29, a full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 29 Received into Evidence)

Q BY MS. MASTRONY: All right. Switching gears for a moment: inventory at the hospital. How is the inventory managed?

A Each location has either a person or multiple people that do the ordering and get drugs and medical supplies into their

hospital. And we all use a system mostly called -- and I say mostly because mostly everything that we get comes from our system called Vetcove.

Q Okay. Is -- is there any procedure or protocol for managing the inventory?

A Yes, we have an inventory handbook.

Q All right. And to whom is that handbook applicable?

A It would be anyone that is doing the ordering or getting drugs and medical supplies into that location.

Q Is it applicable to all the hospitals in the Monroe group?

A Yes.

Q And what we've marked as Employer's 75; this is a 23-page document. All right. Can you tell us what this is?

A Sure. So this is the inventory handbook that was developed for Monroe Veterinary Associates. Monroe Veterinary Associates was recently absorbed under the Pathway umbrella, so prior to that our general practices and emergency hospital were identified as Monroe Veterinary Associates.

Q Okay. And is this the handbook that you're talking about now that the hospitals abide by?

A Yes, though some things in there have changed under the Pathway umbrella.

Q Okay.

MS. MASTRONY: I'd like to enter this as Employer's 75 as a whole exhibit.

MR. HALLER: Is there going to be testimony about what's changed?

MS. MASTRONY: You can certainly ask her.

MR. HALLER: Well, I'm not sure I want to -- I'm going to object to this document if it doesn't reflect what's going on now.

HEARING OFFICER DAHLEIMER: May I ask for the relevance of this document?

MS. MASTRONY: Sure. This is the rules -- or the procedures and protocols that the hospitals abide by with respect to inventory, and Sheila testified that it is the applicable handbook, however, some things changed, apparently. I'm happy to have her testify as to what might have changed in the handbook.

HEARING OFFICER DAHLEIMER: Union, does that resolve your issue at all?

MR. HALLER: No, because they didn't present any testimony on what's different here. They're presenting a handbook, which they're telling us right now doesn't -- doesn't reflect what's actually going on now. I realize this will come in, but I object to it.

HEARING OFFICER DAHLEIMER: Okay. In the event that -- that you not present evidence on it, I'm going to ask about what has changed.

I'm going to overrule the objection and receive it.

(Employer Exhibit Number 75 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: Sheila, can you tell us what has changed about the inventory procedures and protocols since Pathway took over?

A Sure. So what has changed is the system in which we get things into our hospital. So prior to our Pathway acquisition, we used to have a centrally-located stockroom, and so things would get ordered into our stockroom, and then they would come from the stockroom to the different locations. And so what has changed is that now we -- each location orders their own supply of things, though we do still share those between locations on occasion when needed.

Q Okay. Has anything else changed with respect to the inventory procedures and protocols since Pathway took over?

A Yeah. So we now use a central ordering structure like I talked about; it's called Vetcove. So prior to that when we were Monroe Veterinary Associates, our orders were placed by our administrative department that was centrally located, and now we place our own orders through -- through Vetcove, which is kind of an umbrella for all of our major drug and medical suppliers such as Covetrus, MWI, Midwest, et cetera.

Q Okay. Any other changes to the inventory procedures and protocols?

A Not that I can think of.

Q Okay. Talked about ordering supplies. Do you ever share supplies with other hospitals?

A Yes.

Q Okay. And why -- or under what circumstances would you do that?

A So I'll give you an example. Companion Animal Hospital, that I manage, is very small, and they have -- they're a one-doctor practice; they have a lower volume. So for instance, feline leukemia and FIV tests are something that possibly Companion might only run five to ten of a year. However, the way that they are sold to you is in a unit of, say, 50. So because it would be cost prohibitive for them to buy 50 when they're only going to use 5, many times, some of the smaller locations will reach out to the larger locations to see if they can get a small amount of something that they're not able to order directly. So Companion may reach out to Pittsford and -- because Pittsford will go through a higher volume of those tests, and ask to just transfer over a small amount.

That frequently happens with VSES as well, so because they are, again, a high-volume hospital, so they're able to get things in bulk and provide some of those drugs and medical supplies to a location that may not go through as many. We also sometimes will reach out if they're -- if we're out of something and there's an urgent need and we know that we can't get something for several days.

Q All right. Okay. Are there any training manuals in existence for the physicians at the hospital that you've mentioned before?

A Yes, there are -- there is a client service representative training manual, there's an administrative client service representative manual, there is an animal care assistant training manual.

Q Okay. And are these manuals applicable to the -- those physicians at both the GPs and VSES?

A Yes.

Q All right. Let me share my screen. All right. This is a 165-page document; I'll just scroll down to the end. All right. Sheila, can you tell us what this is?

A Sure. So that's the administrative customer service representative manual.

Q Okay. And this manual is applicable to CSRs at both VSES and the GPs?

A This particular one is the administrative CSR manual. So not every location has someone in that position, so it would --

Q Okay.

A -- only be for those locations that have that particular job title.

Q Okay. Do -- does either of your hospitals have an admin CSR?

A Yes, Pittsford does.

Q Okay. Does -- do you know if VSES has an admin CSR?
A They do not.
Q Okay. Are there other hospitals in the Monroe group that have an admin CSR?
A Yes, several.
Q Okay.
MS. MASTRONY: I'd like to offer this as Employer's 76.
MR. HALLER: No objection.
HEARING OFFICER DAHLEIMER: Received.
(Employer Exhibit Number 76 Received into Evidence)
MS. MASTRONY: All right. Okay. This is a 119-page exhibit that we've marked as Employer's 44. I'm just going to scroll down to the bottom.
Q BY MS. MASTRONY: All right. Sheila, can you tell us what this is?
A Sure. That's our animal care assistant training manual.
Q Okay. Is this training manual applicable to animal care assistants in all of the Monroe group hospitals?
A Yes.
Q Okay. Including VSES?
A There would be some things in there such as wellness protocols that would not be applicable at VSES.
Q Because they don't do wellness, right?
A Correct.
Q Okay. But the other sections of the manual would be

applicable to VSES --

A Yes.

Q -- ACAs?

A Yes.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 44.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 44 Received into Evidence)

MS. MASTRONY: Okay. I do not have any further questions for Sheila.

HEARING OFFICER DAHLEIMER: Okay. Mr. Haller.

MR. HALLER: May I?

HEARING OFFICER DAHLEIMER: Please.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, if you've been viewing, you -- you -- you know who I am. If you haven't been -- from prior witnesses -- I'm Bill Haller. I'm counsel for the Union. I'll have a few questions for you. First, I want -- just briefly, I want to ask you about your screen background. I grew up in Syracuse, and Syracuse looks like your screen background oh, for about six weeks of the year, so it reminds me of my bygone days. I'm hoping that's not a live picture.

A It is not.

Q There were times when I was growing up that I would have

thought maybe it was. Okay. Okay. Let me ask -- and these questions are going to be probably kind of sort of in reverse order of the questions you were asked on direct examination.

A Sure. Can you -- I'm sorry, let me just turn up my volume a little bit because I'm having --

Q Okay.

A -- a little difficulty hearing you. Okay. Go ahead.

Q Okay. All right. Let me first ask you about inventory --

HEARING OFFICER DAHLEIMER: Well --

Q BY MR. HALLER: -- which you've testified about.

HEARING OFFICER DAHLEIMER: -- one second, please.

Mr. Baker, are we having any issues?

THE COURT REPORTER: Just a small issue. I'm just about out of the recording time on my -- on my -- the Twilio that we use on my phone. Can I just hang up and call back in real quick?

HEARING OFFICER DAHLEIMER: Yeah, let's -- so we're going to pause briefly, and we're going to go off the record to -- to allow --

THE COURT REPORTER: Okay.

HEARING OFFICER DAHLEIMER: -- Mr. Baker to rejoin us.

MR. HALLER: Okay.

(Off the record at 4:48 p.m.)

HEARING OFFICER DAHLEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you. Give me just a second.

RESUMED CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, I'm going to ask you a few questions about inventory that you testified about --

A Sure.

Q -- a few moments ago. Isn't it true that each facility within the Monroe group has its own budget for inventory?

A Yes.

Q Okay. Okay. Are medications ever transferred between -- I guess -- medication inventory, is it ever transferred back and forth between facilities within the Monroe group?

A Yes.

Q Is there any accounting for cost that goes along with that?

A Yes.

Q Okay. So if $10,000 worth of drugs goes from A to B, then B is debited for $10,000, I guess, out of its inventory budget?

A Yes.

Q Okay. Okay. Just a second. Okay. From -- from your earlier testimony, it sounds like the inventory procedures have become more decentralized since Pathway became the owner; is that correct?

A I guess when you say "decentralized", what -- what do you mean?

Q Well, let me rephrase the question. Prior to the acquisition by Pathway, there was a central inventory stock

room for the Monroe group, correct?
A Yes.
Q And now there is no centralized stock room for Monroe group --
A Correct.
Q -- correct? Okay. Okay. If we could, I'm going to take another attempt at screen sharing. I'm not very good at this, so. There we go. All right. Ms. Casler, you should see in front of you Employer's Exhibit 35, which you testified about earlier.
A Yes.
Q Okay. So these were -- I guess these are some sort of electronic texts or something where manager locations are offering to take work from VSES emergency, which is overloaded; is that correct?
A I think in all of these examples -- again, I would have to scroll down and look, but at least the first two, it's VSES reaching out for support with cases, yes.
Q Okay. So let's -- let's take a look at the -- a few of them. The first one, August 31st at 12:12 p.m. from CSR-103 (phonetic throughout): Does anyone have an urgent care appointment left for today? It's for a German Shepherd with glass embedded in her paw. And Pittsford agreed to take that, that's correct?
A Yes.

Q Okay. Now, obviously for the German Shepherd, that was procedure that needed to happen, but in the realm of -- on the -- in the realm of surgery, that's a minor surgery; is it not?

A So this is not a surgical support; that would be an appointment support.

Q Okay. So it's not --

A The procedure is the same.

Q -- even considered surgery, okay.

A So this -- sorry.

Q I'm sorry, I interrupted you. I apologize. Go ahead.

A The second one is a surgical support.

Q Okay. FB surgery; what is that?

A Foreign body, so a pet has ingested something that isn't food, so potentially a toy or sometimes it's pantyhose, socks, carpet, anything that is creating a blockage in either their stomach or intestines and not allowing them to get nutrients.

Q Okay. I re -- recently learned that dental floss is dangerous for pets; that was a new one for me. My -- my daughter found that out at great expense to her when her cat ingested some dental floss. All right. So and looks like Perinton said they might be able to take it on. Is that what -- the gist of what we're seeing here?

A Yes.

Q Okay. That's because depending on the details, it looked

like the kind of -- a kind of procedure or surgery, if necessary, that Perinton could handle; is that correct?

A Yes.

Q Okay. And same with the first one: removing glass from embedded in paws -- probably something -- and I realize there may be some particulars, but that's probably something that most of the general care facilities would be able to handle; is that correct?

A Yes.

Q I'm scrolling down. It looks like the rest of the instances are not citing specific pet needs, they're -- they're talking about VSES being down. In those cases, based on your earlier testimony, my understanding is that the kind of case that would be fer -- referred to the general practices would be ones in the green and yellow categories, right?

A Yes.

Q Thank you. Okay. You testified earlier about when clients had financial trouble, sometimes it might be more cost effective to have a surgery done at one of the general practices, and you cited that the surgery might be done by a -- I guess if it's at a general practice, it would almost certainly be done by a nonbird -- nonboard certified surgeon; is that correct?

A Yes.

Q Okay. There are lots of surgeries you wouldn't want to

have done by a nonboard certified surgeon; isn't that correct?
A Correct.
Q All right. And in fact, you, in your earlier testimony, stated several times that the veterinary practice in some ways is comparable to human care. You wouldn't want your general practitioner doctor performing a lot of complex surgeries, would you?
A No.
Q Okay.
A But there are -- there is a little bit of a difference between human medicine and veterinarians when it comes to what they're taught in school. So we kind of joke about how your veterinarian is really a cardiologist and nutritionist and all of those things, so while they're not board certified, they do have training in all those other areas and they're able to, so it is a little bit different than a general medical doctor.
Q Not to mention the fact that working on multiple species.
A Yes.
Q Which does blow my mind. Okay. All right. Other than the surgeon not being board certified, what other reasons would the cost be lowered to general practice?
A So if sometimes, depending on what the surgery is, the client, because they have financial constraints, we might offer to do something where we would not hospitalize as long or we would not offer as intensive hospitalization as would be at

VSES.
Q Okay. In other words, the pet's getting some less degree of care?
A Yes.
Q Switching gears slightly, there -- there's a job category called "patient care coordinator". Does -- does that job category exist at the general practices?
A No.
Q Okay. Is that only at VSES?
A Yes.
Q Okay.
A They tend to have more hospitalized cases than the general practices.
Q All right. I guess, do patient care coordinators deal with pa -- patients with complex situations?
A Yes.
Q Okay. What kind of surgeries do your -- does -- does two general practices that you manage have the capacity to perform?
A I'm sorry, you said "what kind of surgeries", and then I didn't hear the rest.
Q Oh, I'm sorry. With -- let me rephrase it. With regard to the two general practices that you manage, Pittsford and Companion --
A Um-hum.
Q -- what kind of surgical procedures do those facilities

have the equipment and manpower to perform?

A Sure. So foreign body surgeries, pyometra, spays and neuters; we call them OATS, but those are oral assessment and treatments, so dentistry's with extractions; cystotomies, growth removals -- I'm sorry, I'm trying to think. We might do a urinary blockage, like a surgery to unblock a kitty. Well, there's probably many others that I'm not able to name off of the top of my head.

Q Right, and I understand. It's a -- it's a incredibly open, broad question I'm asking you, so I -- I'm sure it would be almost impossible to answer it exhaustively.

A And some orthopedic procedures: leg amputations, cruciate -- cruciate surgery.

Q What is that?

A So an animal might -- it's kind of almost, like, when humans -- when they tear their ACL. So it's their cruciate ligament. Quite frequently, an animal will tear that, especially your larger bleed -- breeds, and it needs to be surgically repaired.

Q Okay. All right. Now, I'm going to ask the same kind of question, but understanding that it's impossible to, you know, answer the entire universe.

A Sure.

Q What kind of surgeries wouldn't -- would you not recommend or would your facilities not be able to perform?

A Well, that's kind of a loaded question. So I'm going to tell you that when we do a cruciate repair, there's a difference between the cruciate repair that we would do at a general hospital and that -- the -- a board-certified surgeon would do. So their repair is going to be a different procedure, and it is a more intensive surgery.

Q Okay. And the -- your questioner here is a complete and total layman with regard to healthcare in general, and certainly veterinary care, but would it -- would it be reasonable for a layman to suggest that, you know, if the -- if the animal hasn't torn up its ligaments quite as bad, it might be able some -- something that could be handled at the GP, and if it was torn up real bad, you'd need to send it to a board-certified people down at VSES?

A No. There's really only that it's torn or it's not torn

Q Okay.

A If it's torn and it needs surgical repair, then it could be done by either, but gold standard would be to have it done by a board-certified surgeon.

Q Okay. All right. What's trauma surgery?

A I'm not sure I understand the question.

Q Okay. I'll -- I'll -- I'll withdraw it then. Okay. Just a moment. That's all I have. No more questions. Thank you.

A Thank you.

HEARING OFFICER DAHLEIMER: Go ahead with redirect, if you have any.

MS. MASTRONY: Yes. Can I just have five minutes? You're muted.

HEARING OFFICER DAHLEIMER: Yeah.

MS. MASTRONY: Okay. Thanks.

HEARING OFFICER DAHLEIMER: I'm -- I'm all right with that. Yeah, five minutes is fine. We'll come back at about 10 after. We'll make (indiscernible, simultaneous speech) --

MR. HALLER: (Indiscernible, simultaneous speech) --

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: We're off the record. Thanks.

(Off the record at 5:06 p.m.)

HEARING OFFICER DAHLEIMER: Ms. Mastrony?

MS. MASTRONY: Yes. Just some brief redirect. Thank you.

HEARING OFFICER DAHLEIMER: Sheila, you're muted.

THE WITNESS: Sorry.

MS. MASTRONY: No worries. I think we all do that, like, twice a day, at least.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: All right. So let me just bring up this exhibit. So this is Employer's Exhibit 35 that you were asked a question about from opposing counsel; that first example with the German Shepherd who had glass embedded in her

paw. Is that a procedure or appointment that VSES would -- would normally take but referred it out due to staff shortage?

A So we have changed -- again, I'm going to keep coming back to the pandem -- pandemic. We have kind of changed the way that we have been able to operate. So generally, we -- the general hospitals would've focused more on wellness care and seen some sick things but referred things like this to VSES for care, because we did not have capacity to handle those cases. So because of the volumes, what we'll -- what the general practices are trying to do is save more spots for the sick animals so that we can help them with cases that normally would have gone to VSES.

Q Okay. So that is something that VSES could have addressed?

A Yes.

Q All right. All right. And with respect to the foreign body surgeries, are those surgeries that VSES is capable of doing?

A Yes.

Q Are those surgeries that VSES would have done had they not had -- or that VSES would do if they weren't experience -- you know, experiencing such a high volume?

A Yes.

Q Okay. But it's also a surgery that the GPs can do?

A Correct.

Q All right. So you were also asked about some surgeries that, you know -- like, the -- I forget how you -- the cruciate, is that what you said?
A Yes.
Q I'm thinking, like, ACL, right?
A Yes.
Q So let's just call it that. So some type of an ACL surgery that would be performed at VSES, you know, by a board-certified surgeon, it could be performed at the other hospitals, right, but typically it's done at VSES?
A Yes. And --
Q Okay.
A Yes. It's a -- it's a different technique, like I said, that VSES would use than the general practices would use.
Q Okay. And the different technique that's done at VSES for that surgery, does that relate in any way to how the LVTs perform their work with respect to that surgery?
A I -- I'm sure there are some differences in what -- how they prep or assist with those cases, but for the most part, it would probably be the same.
Q Okay. What about with the way that the ACAs would deal with those surgeries? Is there any difference for when they're done at VSES as opposed to at a GP?
A Only in the sense -- so you're talking about, because it's a completely different procedure -- I mean, technique-wise that

there may be some slight differences in how they would handle those, but for the most part, it would be the same --

Q Okay.

A -- as far as monitoring anesthesia and you know, assisting with prep and aftercare, et cetera.

Q Okay. But the technique used, is that something that relates to the -- the doctor doing the procedure?

A Yes.

Q Okay. So would it affect the way a CSR would handle the procedure?

A No, and I think, again, if you're -- if I'm understanding what your question is, what you really want to know -- because it could be individual for each patient. So two different dogs could have the same surgical procedure performed, but there might be slight differences in how the LVT/ACA would handle one as opposed to the other, based on what the doctor's orders were.

Q Okay. So does it have anything to do with the -- the skills of the ACA or the LVT, or is it related to the directions of the doctor performing the surgery?

A It would be related to the doctor and the patient.

Q Okay. I don't have any other questions.

RECROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, you don't have any background in direct patient care or clinical care, do you?

A Yes, only in the sense that I have helped in different areas and worked in different areas. But I am not a licensed technician, if that's what you're asking.

Q Okay. Have you ever worked in the emergency room at VSES?

A Yes, I have.

Q Now, if they're using more advanced procedures, more advanced equipment, more complex anesthesia on -- on a patient undergoing ACL -- what we're calling ACL surgery at VSES as opposed to some kind of simpler procedure at the GPs, all of that's going to affect what the technicians do, isn't it? It's not just affecting the veterinarian.

A So every single surgery that we perform is different. I can tell you that -- so I'm just going to equate this to general practice, because that's my home. But if we do a spay -- so we could be doing ten different spays in a week, and we could have ten different doctors doing those spays. So each doctor might use different instruments; might use different anesthetic protocols; might have a different follow-up care for that pet, such as, you know, this one gets treatments this often and we're doing these medications and treatments, or -- and this one gets treatments and medications this often, and there are these treatments and medications. So in the sense that -- I mean, we really rely on all of our team members to be flexible to that. Once they have the education and background, it can really translate to whatever we need them to -- to do.

Q In a general practice?
A And also on an emergency basis. You know, we have a lot of instances of that when we have team members that go and pick up shifts or work patient care at an emergency hospital on holidays. You know, they would be expected -- those technicians are acting just the way that the emergency technicians would.
Q You have any idea what the technicians from your facilities are doing when they're doing holiday work at -- at VSES?
A I know there are different assignments that they might be doing. So they're assigned sometimes to patient care or to intake. It really depends on, I think, their level of experience and comfort.
Q If the technicians at VSES say that the outside technicians assigned to holiday shifts are routinely assigned to less-skilled tasks, you don't know whether that's true or not, do you?
A I do not.
Q Because you don't work there and you're not a technician; isn't that correct?
A I do not work there on a regular basis. I have worked there, and no, I am not a technician.
Q You -- you've never worked there in surgery, have you?
A No.

Q Okay. So when Ms. Mastrony asked you if there's any difference between the general practice performing a procedure and VSES performing, maybe, a different procedure for the same medical problem, you're not really qualified to answer that question, are you?

A I disagree, but I understand where you're coming from.

Q Okay. So why do you disagree?

A You're asking me to testify whether there's a difference, and again, yes, I don't work there, so I don't know all the intricacies of the VSES. But if we're going to, you know, equate that to, say -- some of our veterinary technicians, even between hospitals -- like, Perinton Animal Hospital sees exotics. So some of our technicians are more trained in handling those pets. But we will have technicians visit us from other hospitals that may have to handle exotic pets. They have gone to school to do that. They have information about it, and they're directed by the doctors, so they're able to perform those tasks, even though they may not be subject matter experts, per se.

Q Okay. And I should say, I don't mean to disparage you or your skill set in any way, Ms. Casler. You are a health care facility administrator. I most certainly couldn't do what you do. I don't have the skills. I don't have the experience. But likewise, you're not a licensed veterinary technician, and you've never worked in surgery, so I don't understand how you

can -- how you have the skill set to honestly answer the questions about the differences in the skills required of LVTs at VSES versus at general practices.

MS. MASTRONY: Objection. I don't think she testified to that, and -- and in fact, she clarified where she was unsure. So I think that's mischaracterization of her testimony.

MR. HALLER: Fair enough.

HEARING OFFICER DAHLEIMER: I'm sorry. What was that, Mr. Haller?

MR. HALLER: I -- at this point, I don't think there's any question pending. I -- I don't know what to say.

HEARING OFFICER DAHLEIMER: I -- I'm -- I'm going to overrule and let it into the record, again, under the -- under the assumption the Regional Director will determine whether or not it's relevant.

MS. MASTRONY: Well, I don't --

MR. HALLER: (Indiscernible, simultaneous speech) --

MS. MASTRONY: -- he actually asked a question, so I'm not sure what we would be letting into the record, other than his testimony, which wouldn't be appropriate.

MR. HALLER: But I mean, the question was answer -- answered and responded to.

MS. MASTRONY: I --

HEARING OFFICER DAHLEIMER: Yeah, I -- I believe the question was responded to. We'll take this up with other

witnesses.

MS. MASTRONY: Okay.

MR. HALLER: I don't have any further questions.

HEARING OFFICER DAHLEIMER: Okay. All right. Ms. Casler, thank you very much for your testimony this afternoon.

THE WITNESS: Thank you. I'm -- I'm dismissed, then?

HEARING OFFICER DAHLEIMER: You're dismissed. Thank you.

THE WITNESS: Thank you.

MS. MASTRONY: Thank you, Sheila.

HEARING OFFICER DAHLEIMER: No -- there will be -- the Employer is putting on no more witnesses today; is that correct?

MS. MASTRONY: That is correct. That was our last witness of the day.

HEARING OFFICER DAHLEIMER: Okay. And we're doing, perhaps, four tomorrow, the Employer believes?

MR. STANEVICH: Anywhere between four and six tomorrow.

HEARING OFFICER DAHLEIMER: Okay. 10:00 their time. That -- that works for everyone?

MR. STANEVICH: We'd be open to starting at 9:30, if that works for everyone.

HEARING OFFICER DAHLEIMER: I have no objection to that.

Mr. Haller, thoughts on 9:30 versus 10?

MR. HALLER: I -- I think that's fine.

HEARING OFFICER DAHLEIMER: Mr. Baker, does that work for

the court reporting agency, 9:30?

Very good. The invitation for this will remain open. You can just join the meeting at 9:30 tomorrow morning. Like today, the meeting will be open, you know, probably 15 or so minutes beforehand. If there are any questions or thoughts for me before the meeting, feel free to give me a call this evening or before the meeting tomorrow.

MR. HALLER: Thank you all.

HEARING OFFICER DAHLEIMER: Yep. And any other thoughts or questions at this time? Nope?

MS. MASTRONY: Nope.

HEARING OFFICER DAHLEIMER: Okay. I will just speak to you all in the morning. Thank you all.

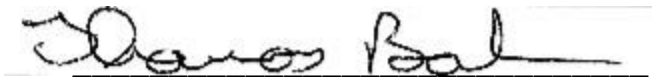
MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: Bye.

(Whereupon, the hearing in the above-entitled matter was recessed at 5:24 p.m. until Tuesday, September 21, 2021 at 9:30 a.m.)

C E R T I F I C A T I O N

This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association Of Machinists And Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 20, 2021, at 10:02 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.



THOMAS BAKER

Official Reporter

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, **Case No. 03-RC-281879**

Employer,

and

International Association of Machinists and Aerospace Workers,

Petitioner.

Place: Buffalo, New York (Via Zoom videoconference)

Dates: September 21, 2021

Pages: 234 through 392

Volume: 2

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UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of: PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES, Employer, and INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, Petitioner.	Case No. 03-RC-281879

The above-entitled matter came on for hearing via Zoom Videoconference, pursuant to notice, before **MICHAEL DAHLEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202, on **Tuesday, September 21, 2021, 9:33 a.m.**

A P P E A R A N C E S

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I N D E X

E X H I B I T S

EXHIBIT	IDENTIFIED	IN EVIDENCE
Employer:		
E-77	267	271
E-78	271	274
E-80	276	282
E-5	333	338
E-17	342	343
E-19	341	342
E-48	325	326
E-49	325	326
E-50	325	326
E-51	325	326
E-52	325	326
E-52(a)	325	326
E-53	325	326
E-54	325	326
E-55	325	326
E-56	325	326
E-57	325	326
E-58	325	326
E-59	325	326
E-60	325	326
E-61	325	326

EXHIBIT (Cont.)	IDENTIFIED	IN EVIDENCE
E-62	325	326
E-63	325	326
E-64	325	326
E-65	325	326
E-66	325	326
E-67	325	326
E-68	325	326
E-69	325	326
E-70	325	326
E-71	325	326
E-72	325	326
E-73	325	326
E-74	325	326
E-83	325	326
E-84	325	326
E-15	347	348
E-6	348	349
E-7	349	349
E-13	350	361
E-14	351	351
E-8	357	361
E-9	359	361
E-10	362	371
E-11	365	371

EXHIBIT (Cont.)	IDENTIFIED	IN EVIDENCE
E-12	369	371
E-85	374	375

P R O C E E D I N G S

HEARING OFFICER DAHLEIMER: Mr. Stanevich, your witness.

MR. STANEVICH: Good morning, Dr. Wihlen. How are you today?

DR. WIHLEN: Great.

MR. STANEVICH: Can you please state your full name for the record?

DR. WIHLEN: Todd Wihlen.

MR. STANEVICH: And can you spell the last name -- your last name for us?

DR. WIHLEN: W-I-H-L-E-N.

MR. STANEVICH: Okay. Dr. Wihlen, thank you for joining us today. We will have -- I will have a few short questions for you. I -- I know you have a patient obligation at 11:00, so we'll do our best to get you out of here in time. (Indiscernible, simultaneous speech) --

HEARING OFFICER DAHLEIMER: Mr. Stanevich, as an initial matter, Dr. Wihlen, can you please raise your right hand?

Whereupon,

TODD WIHLEN

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Okay. You can put your hand down. Thank you.

Go ahead, Mr. Stanevich.

MR. STANEVICH: Okay.

DIRECT EXAMINATION

Q BY MR. STANEVICH: Dr. Wihlen, are you currently employed?

A Yes, I am.

Q And who do you work for?

A Pathway Vet Alliance.

Q Okay. And how long have you been with Pathway?

A Since May 15th.

Q Okay. And were you part of the Monroe system that Pathway acquired?

A Yes, I am.

Q Okay. And what is your current position with Pathway Vet Alliance?

A I am the medical director of Pittsford Animal Hospital and the regional medical director for the Monroe Ecosystem.

Q Okay. And -- okay. We'll come back to that. Prior to your position with Pathway, what was your last -- very last position with the Monroe system?

A I was the managing partner and CEO.

Q And how long did you hold down those two positions?

A From about January of 2017.

Q Okay. And can you give us an overview of your educational background?

A Yeah. I did a -- a bachelor's and then veterinary degree at the University of Missouri.

Q Okay. And can you give us --
A I did a --
Q Sorry.
A And then I did a --
Q Go ahead.
A -- and then I did a post-graduate internship here with the Monroe Group in 1996.
Q Okay. Have you been with the Monroe -- sorry, the Monroe Group ever since?
A That's correct.
Q Okay. And can you just walk us through the different positions or -- that you've held with the Monroe Group?
A Sure. In '96, I was a -- I was started as an intern. Did a year of internship. Then, I stayed on as an associate. And then 2001, I became the -- I became the medical director for the Emergency Service, which was housed here at Pittsford at the time. It was before we had moved it out to VSES. And then a year after that, I became the -- the director of Pittsford Animal Hospital. And then, like I said, many years in that position until I took over as the managing partner in 2017.
Q Okay. And if I -- I heard you correctly, you were the -- the medical director for Emergency Services when it was at Pittsford; is that correct?
A Correct. When it was housed at Pittsford, it was the --

before we moved over to -- before we moved Emergency over to VSES, I ran the Emergency Service here. And Paul Black was the medical director of Pittsford Animal Hospital, and he handled the general practice portion of it.

Q Okay. Tell me a little bit about the services that were offered on the emergency side of things when it was at Pittsford before VSES.

A We were the only -- we were the 24-hours, you know, emergency service here in the area. And so we -- I mean, we saw the same cases that they see now.

Q Okay. And when you say same cases that they see now, are you referring to VSES?

A Correct. That the emergency service sees at VSES. Right. Those -- all those same cases that they see there were coming through here at the time.

Q Okay. And so is it fair to say that VSES was created during your tenure with Monroe?

A The physical plant was, right. The emergency service and the specialty practice was here before I started. It was housed in Pittsford. And we outgrew it and we moved it over to Vet Specialists.

Q Thank you for that clarification. My next question was going to be, you know, why did it move from Pittsford to a stand-alone facility?

A Sheer volume --

Q Okay.
A -- on both sides, the general practice and on the -- on the emergency side.
Q Okay. In your current position, you mentioned that you are the medical director of the Pittsford location, correct?
A Yes.
Q What does -- what does that mean, sir?
A Well, I still have -- I do some clinical duties, right. I see patients. I do a lot of surgeries here. And then I oversee the -- you know, I oversee the hospital, the -- with my medical -- with my practice manager and you know, we -- I feel more with the veterinary side of things, you know, sort of managing that team and the culture of the hospital, the client issues on the medical side, things like that.
Q Okay. And you also testified that you are currently the regional medical director for the Rochester Group (phonetic throughout); is that fair to say?
A That is true. Yep.
Q Okay. And what are your responsibilities as the regional medical director?
A Again, more of the medical side of things. I work -- Sheryl Valente and I -- we -- it's -- you know, she handles sort of the operations side of things. But I handle a lot of the medic -- the medical sides of things. You know, I touch base with the -- and coach and help out with the medical

director at the other hospitals. We -- we go over -- you know, performance of the hospitals and opportunities on the medical side that I help them with, deal with staffing issues, mainly in the DVM side. I do a lot with trying to recruit and hire for DVM positions throughout the hospitals. So I have to speak a lot about culture at -- at individual hospitals plus within the Monroe Group.

Q Okay. And you mentioned someone by the name of Sheryl Valente. What is her title?

A She's the DOE of the --

Q Is that the director of Ecosystem?

A Director of Ecosystems here for the Monroe Group.

Q Okay. And you mentioned that there were other medical directors. Is it fair to say that each general practice has a medical director?

A Yeah, I'm just counting through all of them in my head. And yes.

Q Okay. And those medical directors ultimately report to you as the regional medical director?

A Correct.

Q Okay. And is there a medical director at VSES?

A There is, Dr. Kirk.

Q Okay. And does Dr. Kirk also report up to you as the regional medical director?

A Yes, he does.

Q Okay. Dr. Wihlen, as -- as the regional medical director over the past few months, are you involved at all with any issues at VSES?

A Yeah, to some degree.

Q Okay.

A Some degree.

Q Tell us what kind of -- what -- what kind of involvement do you have with VSES? What type of contact do you have with VSES?

A It's really sort of a -- it -- it's a little more hands off than it was prior to. Prior to that, I was on the board for VSE -- you know, I was part of the -- the -- the leadership team associated with that. It's been somewhat limited since the -- the takeover -- or the partnership that we have. You know, I've talked with Dr. Kirk a number of times. But I haven't had to get intimately involved with any issues that are going on over there where I've had to go over there.

Q Okay. When you were the -- the -- the managing director and the CEO of MVA, what were your responsibilities?

A Very similar to what I do now as a regional medical director, plus really making -- making -- I -- you know, I'm -- the decisions -- bringing things to the partners as far as how we should be handling the business. And so doing the background work on the business side of things and then bringing that to the other partners for a vote on you know,

things that I wanted to move forward with.

Q Okay. Based upon your long experience, both with Pathway and Monroe since your -- your post-doc work, are -- are you familiar with all of the facilities within the organization?

A Yes, all of them.

Q Okay. And have -- have you worked at many or the -- or all of the different facilities over your career?

A Over my career? I can't think of one that I haven't worked at.

Q Okay. And are you familiar with the scope of ser -- veterinarian services that are provided at each of the current locations?

A I am.

Q Okay. And I just quickly want to -- we've heard some testimony from various witnesses. But just so we cover all the locations, I just want to spend a few minutes going through what services are offered at each location. Let's start with your home location, the Animal Hospital of Pittsburgh -- Pittsford. I'm sorry. I keep naming it Pittsburgh. What's the scope of services provided there?

A Well, we have -- you know, we're a general practice, so we have -- we have wellness care, problems -- problem visits. We do urgent care here at this facility, which is we do weekend urgent care, which is a little different than some of the urgent care you get during the week at other practices, meaning

we're the only one open on Saturday night and Sunday. And that is in the -- has been established to take up a -- a patient load off the VSES system, right. So it's an intermediate care like you would think, you know, a human urgent care center would be. We offer ultrasound, dentistry, surgery, both electives and advanced surgeries as needed. We have laser therapy. We have -- and we do some exotics here also.

Q And you mentioned ur -- urgent care that is established to take the patient load off of VSES.

A Um-hum.

Q Tell us how that works. How does the urgent care take on patients from VSES? Why does it do so? And what type of patients?

A Well, it's a collaborative sort of system we have set up, right. And you know, you can either look at that during the week or you can look at that on the weekend when all the general practices are closed. During the week, we see urgent care's, you know, cases that -- so those are sort of your intermediate cases that, you know, come in that are -- the idea was to -- there was so much volume at VSES. And there were things that they didn't necessarily need to be seeing that could be seen elsewhere. And so they try and relieve that pressure valve for them to -- so that they can focus on, you know, some of the more critical cases. We could focus on some of the less critical cases or some of the surgeries that they

may not be able to get in at the time from the emergency side.
Q All right. So -- so just two follow-up questions there. Can you give me an example of some of the immediate -- inter -- intermediate cases that would be transferred from VSES over to urgent care?
A Yeah. I mean, at this point, you know, we have a -- we have a setup of, you know, sort of lumping them into categories based on need. And so the red cases we triage over to VSES. Those are those, you know, that are going to require hospitalizations and significant care. The yellow intermediates that we're seeing are -- those are cases that, you know, need to be seen today but are not necessarily -- they're not necessarily life threatening, right. And so we see a lot of those cases that VSES -- that show up at VSES, or call VSES, or even our own clients that have -- you know, we have slots set aside for our own clients for those types of cases.
Q Okay.
A You know, some -- you know, you've got vomiting, urinary signs -- you know, urinary issues, lacerations, eye problems, things that need to get checked because they shouldn't wait. And that we determine if they're critical and need to be transferred or can we manage them here, similar to an urgent care for human side.
Q Okay. And you mentioned that -- that Pittsford will do some surgeries that are transferred from VSES. And we're going

to get into more detail about specific surgeries later, but if you could just give us a few examples of the types of surgeries that may come to you from VSES?

A Well, that come to us from VSES, we do a lot of urinary surgeries. We do a lot of intestinal-obstructive types of surgeries, where that's either going to be, you know, a very simple enterotomy or you remove it from the intestine to a -- as complicated as what we call a resection anastomosis, where you actually -- a part of the bowel has died, resect that, and suture it back together. We do splenectomies on dogs that have tumors that are bleeding into their belly. I mean, those are probably the -- those are probably the big ones that we take on in an acute time frame.

Q Okay. And are those surgeries also performed at VSES depending on patient load?

A That's correct. Those same surgeries are done there.

Q Okay. And I -- I assume the surgeries when they're performed at Pittsford, they're being performed by a veterinarian, correct?

A Oh, yes. 100 percent.

Q Okay. And is there any support team for -- for those types of surgeries?

A Yes. The technicians are -- are basically handling the anesthesia for the patients, and monitoring the patients, and getting surgical stuff that we need.

Q Okay. And when those surgeries are performed at VSES, I assume they're also performed by licensed veterinarians?
A Say the question again. I'm sorry.
Q When those same surgeries are performed at VSES, I assume that performed by that veterinarians as well?
A Correct.
Q Okay. And what about support teams? Is it the same or does it differ?
A I -- I -- some of that would depend on the severity of the case, I think, right. You may have two technicians in -- on that surgery or -- or three there. I don't know. Depends on what's going on. You know, in the general practices, we have a technician and an ACA typically; that's an animal care assistant. And then, you know, if I need someone to scrub in, I'll have a tech or an ACA scrub in to the surgery to help me, so that would be an additional person added on.
Q Okay. What is Animal Junction? Are you familiar with that location?
A Yes, I am.
Q Okay. Just quick high-level overview of the services provided and maybe the type of equipment that's there.
A I would say the same thing that we have at Pittsford, except I don't think they have lasers -- they don't have laser. They don't have laser therapy there.
Q Okay. And just so the record's clear. What -- what is

laser therapy?
A It's -- it's a photo -- a photo modulation laser that -- you know, it's sort of -- it's used to -- on injuries and wounds to just accelerate healing.
Q Okay.
A It's not a -- it's not a laser that cuts tissue. It's a laser that heals tissue.
Q Thank you.
A They do -- they do plenty of surgeries there. They see -- they see -- you know, they're -- they're a smaller practice. But they do plenty of surgeries. They do sick patients. They do urgent care slots set aside for -- from VSES. And you know, they'll -- they're on the list, right. So during the week, all the general practices have VSES-specific urgent care slots that we're helping to take some of the -- some of the overflow for them because of the volume that they're getting there.
Q How about Bayview? Are you familiar with that location?
A Yes, I am.
Q Okay. Again, just high-level overview.
A The same. They don't have laser. I don't think they do as complicated surgeries there. And that's just a function of comfort level at the -- at the veterinary level, right.
Q That depends more on the veterinarian as opposed to the support staff, correct?
A That is veterinary-dependent, not support-staff dependent.

Q Okay.
A Right. There's different levels of surgical comfort.
Q Okay. But are some surgeries performed at Bayview?
A Oh, certainly. Yeah. I mean, spays, neuters, dentistry, growth removals, cystotomies, which are -- you know -- and they'll do intestinal surgery if it's not complicated and --
Q Okay. Moving down through the list, Canandaigua.
A They are the same.
Q Same as --
A They do -- as --
Q Bayview?
A -- Bayview and Animal Junction. I mean, I think the -- the difference between the general -- the only difference in the general practices -- between the general practices is some have laser and some don't. And that's -- that's just not critical. Everybody does surgery.
Q Okay.
A Everybody sees wellness. Everybody sees sick patients. Everybody sees urgent care patients.
Q Cats and Critters?
A They would be -- I mean, they don't see dogs. They see a lot of -- so that's the one thing that's missing there. But they don't have -- I -- I'm going to be honest with you. I'm not -- I -- I know most of the hospitals that have laser, but I can't say -- I can't confirm, you know, but I don't think that

that's a -- necessarily an important point here.

Q Okay. And does that location do some of the same types of surgeries as you referenced before?

A Yep, on cats.

Q On cats. Okay.

A And they do exotic surgeries, too, which some of the other hospitals don't do any exotic surgeries.

Q And what do you mean by exotic surgery?

A Guinea pigs, rabbits, ferrets. Those are probably your big ones. And those are done at that facility. And they're not done a lot of the other facilities, including VSES. They don't -- VSES does not do exotic surgeries.

Q Okay. Moving to the next location. I hope I pronounce this correctly, Chili?

A You did. Everyone calls it [chill-lee], but it's [shie-lie]. Yes. They have everything but laser, and they do all the same things.

Q So all the same surgeries that you've already outlined?

A Correct.

Q Any limitation on the pets?

A Nope.

Q Okay. Companion?

A They do a lot of surgery at Companion, a lot of surgery at Companion. Everything else is the same. They do behavior there. They don't have a laser.

Q Okay. And what do you mean they do behavior?
A One of the doctors there is in behavior residency. And so she's seeing behavioral cases, which is different than some of the other practices.
Q And -- and part of my ignorance, I just want to -- and again, I want to make sure the record is clear. Just give us an example of what a behavioral case is.
A An aggressive dog and how to curb that. A dog with behavioral issues that needs some retraining so that they stay in the home.
Q I assumed that was the case, but just -- just wanted to --
A Yep. Happy to clarify.
Q -- there. And you did say that Companion does a lot of surgeries --
A Yes.
Q -- and you stressed that point. Is there a particular reason for that -- the emphasis?
A Well, I'm -- you know, it's a small -- it's a very small practice, but their volume of surgery is tremendous because Dr. Yestrebi is -- like myself really enjoys surgery and takes on a lot.
Q Okay. And -- and what type of surgeries does the doctor perform?
A That doctor or --
Q That particular doctor.

A He'll do anterior cruciate ligament repairs. He'll do orthopedically FHO, which is a femoral head and neck ostectomy, which is a hip surgery, foreign bodies, growth removals, spays, neuters, dentistry.

Q Okay. All right. Moving to the next location, Fairview?

A Yep. They do everything except laser.

Q Same surgeries as you've outlined before?

A No.

Q What's different in terms of surgeries?

A I don't think they do orthopedics there. They don't do any orthopedic surgeries. The only orthopedics are Perinton, Pittsford, and Companion, just because doctors --

Q You --

A -- have an interest in it.

Q Sure. Any -- any orthopedics done at VSES?

A Oh, yes. A lot of orthopedics is done at VSES.

Q Okay.

A You know, they do -- they do the primary fracture repairs.

Q Greece, are you familiar with that location?

A Oh, very -- very familiar. Yep. They do similar -- similar to the others. I don't know laser status. But that's -- I mean, that's --

Q Irondequoit?

A Yes. Same thing. Soft tissue surgeries, no orthopedics. They have laser. They have ultrasound.

Q Okay. Perinton?
A Perinton does -- they have laser. They do quite a bit of surgeries. Dr. Scheider is -- does a lot of advanced surgeries over there. He -- the -- the -- he did an internship and then he did a surgical internship for two years. So three years post-graduation doing that. And so he really takes on a lot of complicated surgeries at that facility.
Q And can you just give us a rundown of some of the complicated surgeries that are performed on -- at that -- at that location?
A I think in addition to what I've described, you know, he would do things like gallbladder removal, intra-abdominal surgeries, similar -- similar to what we do here and some of the other practices. But if it's a bigger, more aggressive case, he's willing to tackle those. Very large broken that -- that people are maybe not apt to take on, which might require a skin flap or something like that to get the wound to heal. Bladder surgery, urethral surgeries, anal gland surgeries, FHOs. He does a lot of cruciate repairs there. We're in the mod -- we're in the process of remodeling and creating an even bigger -- bigger surgical suite for them.
Q And what's the reason for that?
A Volume. To be able to handle more surgery there.
Q Penfield, are you familiar with that location?
A Yep, I am very familiar. And they do mostly soft-tissue

surgeries there. Same thing, general -- general practice cases, urgent care cases, wellness, same things.

Q Okay. Rochester Community Animal Clinic, are you familiar with that location?

A Very familiar with that location. That's a -- that's a little different model. That's a high-volume spay/neuter clinic for underprivileged in the area. So they're pretty specific on the things that they do. They also have a wellness clinic that they do for inner-city people, income-based type of thing.

Q Okay. Stone Ridge?

A Stone Ridge has laser, has ultrasound. They do surgeries. They don't do orthopedics. They see wellness and sick patients.

Q Okay. And then I think last but not least, Suburban?

A Very similar to all the others, except -- so they do -- they do see dogs, cats, but they also do a lot of exotic work at that facility, including reptiles and some birds, which Cats and Critters only does small mammals.

Q Okay. Dr. Wihlen, you personally, I believe, you stated before that you have an active surgical practice; is that correct?

A Yes.

Q Okay. And you're primarily at Pittsford or are you exclusively at Pittsford at this point?

A I would consider it exclusively at Pittsford. I mean, I -- I've worked -- since -- since we had the partnership with Pathways, I mean, for example, I've worked at Chili. I've worked at Irondequoit. I've worked at Canandaigua, right, to help out at those facilities. And that's just in the past six months or what -- whatever day we're at from May 15th.

Q Okay. And I -- I know you've touched upon some of the surgeries that are performed at the animal hospital in Pittsford, but can -- can you give us an overview of the type of surgeries that you personally perform at Pittsford?

A Personally, I -- I'll do just about whatever needs to get done. I'll do the ACL surgeries, the FHO surgery. Those are both orthopedic procedures. Amputations, growth removals, perineal surgeries, which include -- could include either anal-gland surgeries, which I'm one of the only ones in the -- in the group that will take out -- will do those procedures.

There's perineal urethrostomies in cats, where you -- you know, male cats that are having stone issues. And you basically have to do -- do a very delicate procedure to make them into basically female cats to try and get an increased urethral diameter, so that they don't block, which is life-threatening. Bladder surgery, splenic surgery, intestinal surgeries. I just don't do any thoracic surgery.

Q Okay. And of all those surgeries that you've outlined, are -- are there surgeries also performed at -- a VSES?

A Yes, they are.
Q Okay. And then can you outline the different support team that you have when performing those types of surgeries and what their responsibilities would be?
A For me -- on my end?
Q Yes.
A Well, I have a technician who runs the anesthesia and patient monitoring. And depending on the -- depending on the -- how critical the case is, I may have two technicians in there to -- so that they're working together to walk -- for patient monitoring and keeping me with all the supplies that I need to get it through as quickly as possible. Or we may have an ACA in there, an animal care assistant, that's assisting the technician, and monitoring anesthesia, and helping them to get supplies that they need.
Q Okay. And Doctor, going back to when you were the CEO and managing director of -- of the Monroe system, was there interchange of support staff and veterinarians between the general practices and also with VSES?
A Yes. That was the model.
Q Okay. And what do you mean that it -- it was the model? It seems like that was purposeful. But can you explain it in a little bit more detail?
A Yeah. With a group, you know, we -- we strive to create continuity between all the different practices, so that we had

the ability to share staff if needed. The VSES had the greatest need for shared staff just because of volume, holidays. They were open on holidays. And you know, we felt that it was -- we needed to have both DVM, and let staff overlap at VSES to -- on weekend and holidays to -- I mean, to help them out, to have -- you know, so that they were adequately staffed and could handle volume.

I'd say we had a lot of -- we had a lot of staff that would work shifts at VSES. There was a premium paid to them to go there because of the -- the volume and the -- and the -- the different shifts. The general practices are open 7:30 to, for a while, 8 p.m. We moved it down to 7 p.m. when COVID hit just to try and shorten our days a little bit. But there's all that time in between that VSES needed to be staffed.

Q And I may have asked this before, but at what point did the Emergency Services operation move from the Animal Hospital of Pittsford over to the stand-alone location on White Spruce Boulevard?

A 2002, perhaps I think.

Q Okay. Thank you, Doctor.

MR. STANEVICH: I have nothing further at this time.

HEARING OFFICER DAHLEIMER: Mr. Haller, if you'd like to cross-examine the witness.

MR. STANEVICH: You're on mute.

CROSS-EXAMINATION

Q BY MR. HALLER: Morning, Doctor. Bill Haller representing the Union.

A All right.

Q Just a few questions. If I understand your testimony, I guess, part of what urgent care involves is a form of triage. And cases determined to be a red category would generally be sent to VSES?

A That's right.

Q Okay. Okay.

A They are sent to VSES. You know, we would keep some of those cases if there was financial constraints and we would handle them here. But when we try to promote best medicines, we would send them over there, so they could have 24-hour care.

Q So best medicine would involve treatment at the red zone patients at VSES?

A For most of them.

Q Okay. Yeah.

A I don't have the list in front of me but.

Q You mean a list of a type of conditions?

A Yeah. We have a -- we have sort of a guideline that we go by.

Q Right. And then the yellow triage category needing immediate attention, but not necessarily immediately life threatening, those are analyzed, and some of those are determined they need to go to VSES as well; is that correct?

A If they need extended care beyond how -- you know, where we're open till --

Q Okay.

A -- correct.

Q Okay. And when you were talking about -- when you were testifying about the -- the capacities and abilities of the staff and equipment to various general practices, you were talking about orthopedics in general. And obviously, I'm asking questions as a total layperson. You mentioned that VSES -- if I got this right, you said VSES handles primary fracture repair issues?

A Correct.

Q What does that mean?

A Well, you know, we specifically set that up. You know, Dr. Scheider and I both have an interest in orthopedics. But there's a lot of -- there's a lot of equipment to -- to repair a fracture properly with plates and screws over pins and wires, right. That's sort of the old way. You need a lot of equipment. And we made a decision early on that we would not invest in that equipment for all the hospitals, but funnel that to the VSES to be handled in those places.

Q Okay.

A I have experience with plates and screws. We have just chosen not to purchase that equipment for these facilities.

Q That equipment's over at VSES exclusively?

A Correct.

Q Okay.

MR. HALLER: I have no further questions.

Thank you, Doctor.

MR. STANEVICH: I have nothing further.

HEARING OFFICER DAHLEIMER: Okay. Thank you very much for your testimony this morning, Dr. Wihlen. You're dismissed.

THE WITNESS: Thank you.

MR. STANEVICH: Michael, if we can just take a -- a five-minute break, so I can coordinate my next witness who would be Brandon Ritschard.

HEARING OFFICER DAHLEIMER: Okay. Very good. Yeah. We will go off the record. We'll be back in five minutes.

MR. STANEVICH: Okay. Thank you.

(Off the record at 10:12 a.m.)

HEARING OFFICER DAHLEIMER: And would you like to introduce your witness?

MR. STANEVICH: The Employer would call Brandon Ritschard as its next witness. And Brandon, I -- I apologize if I did not pronounce your last name correctly.

MR. RITSCHARD: That's okay. It's a tough one.

HEARING OFFICER DAHLEIMER: Please, raise your right hand.

Whereupon,

BRANDON RITSCHARD

having been duly sworn, was called as a witness herein and was

examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Please state your name for the record and then spell it.

THE WITNESS: Brandon Ritschard, B-R-A-N-D-O-N R-I-T-S-C-H-A-R-D.

HEARING OFFICER DAHLEIMER: Okay. Go ahead, Mr. Stanevich.

DIRECT EXAMINATION

Q BY MR. STANEVICH: Good morning, Brandon. How are you today?

A I'm good. How are you?

Q Good. Thank you. I -- I assume you're employed by Pathway Vet Alliance?

A That's correct.

Q Okay. And what is your current position?

A Vice president of talent and total reward.

Q Okay. And how long have you been with the company?

A Just over two years.

Q And how long have you been the vice president of talent and total rewards?

A For my entire tenure.

Q And just give us a -- a high-level overview of your education and your career experience.

A Sure. I have a bachelor of arts in business administration and Spanish, with a double concentration in

finance and international business. And I've got over a decade of professional experience, most of which was in HR consulting. Prior to Pathway, my employers included Willis Towers Watson, KPMG, and Vista Consulting Group.

Q And can you tell us what you're responsible for as the vice president of talent and rewards?

A Sure. I oversee and lead our onboarding team, compensation, benefits, and talent management.

Q All right. Brandon, in your role as vice president for talent and rewards, have -- have you collected any information to show permanent employee transfers within the Monroe system since Pathway acquired the system back on May 15th, 2021?

A Yes.

Q Okay. And what did you have to do to gather such information? And what I mean by that is, you know, what systems did you use, what data did you look at, what analysis did you perform?

A Yep. We used Workday, which is our human capital management system to pull the data that showed employees between May 15th and September 15th when we prepared the data, who had completed a permanent transfer from a home location to a new location.

Q And can you tell us what do you mean by permanent transfer?

A As opposed to, for example, as we talked about in a prior

testimony, employees who might pick up shifts at a different location, but not necessarily transfer to make that new location their home location. This analysis showed anyone who actually transferred to a new location as their home location.

Q And you -- you mentioned just a moment ago that you looked at a distinct period of time, which I believe was May 15th to September 15th of 2001 (sic), did I get that range correct?

A Yes, of 2021.

Q '21. '21.

A Yes sir. That's fine.

Q Yeah --

A But you got the months and days right.

Q Yeah. I don't know what year it is or what happened last week but. Why did you look at that discrete period of time in 2021?

A We, of course, wanted to start with the partnership dates of the MVA Ecosystem through September 15th was -- which was the date I was pulling the data.

Q Okay. And did you prepare a -- a report?

A We did.

Q Okay. I'm going to share my screen to show a document that has been marked for identification as Employer Exhibit 77. Brandon, do you see it -- this Excel spreadsheet that is on the screen?

A I do.

Q Okay. And is this the report that you prepared?
A It is.
Q Okay. And can you walk us through how one would read this report, maybe go left from right in terms of the lettered columns on top?
A Sure. So in row 2, each of those columns indicates a particular data field, starting with worker in column A. That's the employee who had a transfer as part of this report. Column B shows the effective date on which that transfer took place. Column C and D represent job family. And column C, it represents what they're -- it's called current in this report to represent their old job family. And then proposed is the word that are human capital management system, Workday, uses to denote what the new job family would be. So old to new, C to D.
Q And --
A And -- oh, sorry.
Q -- and I just want to be clear. Why don't -- why doesn't the system say old and new as opposed to current and proposed?
A I'm not the developer for Workday, so I cannot answer that question. But the -- the theory is the same, where when you as a manager or the person entering the proposed change in Workday, it will not have had -- take -- it -- it won't have taken place quite yet. So in that moment that this data is pulling the report, it'll say, when you first entered it, your

current location was this. You are proposing to move to this location. If you then look at the column B, effective date, you'll see that they're all in the past, which indicates the proposed new and it's done in (audio interference).

Q Okay. And -- and I'm sorry for interrupting you, but just one -- one more question.

A Sure.

Q C and D say job family and job family group. Can you just tell us what that terminology represents?

A Sure. So for example, if you look at row 3 for Jordan, his job family is client service and job family group is practice group. And each of the rows have both of the fields.

Q Okay. All right. And I believe you up to -- to job E.

A Sure.

Q I'm sorry. Colu -- to column E.

A Column E, job title. So things flow here in E and F. Current represents their old job title. F represents their new job title. And column G and H, similar flow. The location current. This is where they started. Location proposed would be their new home location.

Q Okay. Now, just -- just a few additional questions for you just to make sure that I read this correctly. So if we look at row 6, we have a person by the name of Krystal Contestable. Do you see her name?

A I do.

Q And it looks like she moved from a hospital assistant 1 position at VSES, correct?
A She went from Irondequoit to VSES.
Q Oh, I'm sorry. I'm looking at the wrong -- I'm -- you're -- you're absolutely right. I'm sorry. I was looking at row 7.
A It's okay.
Q She went from a hospital assistant position at Irondequoit and then she moved to VSES; is that correct?
A Yes. Krystal in row 6 did.
Q Okay. And then for like -- sorry. Just back up. For row 7, Kayla Bergeron, she moved from a hospital assistant position at VSES to a different position at Fairview Veterinary Hospital; was that correct?
A That's correct.
Q Okay. I just want to go through one more example.
A Sure.
Q If we -- if we look at Kelsey Webb, row 15. She moved from a veterinarian position at -- at Bayview to a veterinarian position at Animal Hospital at Pittsford; is that correct?
A That's right.
Q Okay.
MR. STANEVICH: I would move in Employer Exhibit 77 into evidence.
HEARING OFFICER DAHLEIMER: Mr. Haller, you're muted.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 77 is received.

(Employer Exhibit Number 77 Received into Evidence)

MR. STANEVICH: One -- one second.

Q BY MR. STANEVICH: Brandon, have you also analyzed information that would show employees who picked up nonpermanent shifts within the MVA system since Pathway acquired the system on May 15th, 2021?

A Yes.

Q Okay. And again, tell us, you know, how you gathered the information through whatever systems or data that you used or reviewed?

A Sure. So similar to the last report, we use Workday, a human capital management system, and looked at time cards to show actual shifts that employees worked at locations that weren't their home location.

Q Okay. And again, why did you look at that particular time period?

A Similar to last time, we wanted to start with the data at which we partnered with the Monroe Group, 9/15- -- excuse me, May 15th. And then we pulled this report on September 15th to prepare for today.

Q Okay. I'd like to show you a document that's been marked as Employer Exhibit 78. Brandon, are you able to see the Excel spreadsheet on my screen?

A I can.
Q Okay. As you did before, can you walk us through this spreadsheet starting from -- from left to right?
A Sure. Columns A and B are the employee I.D. and worker who completed a shift at another location and who's included in this report. Column C shows job family for that worker with column D reflecting their job title. Column E shows their home location. Column F, work location, shows the place at which their shift was actually completed and worked. Columns G and H show the time they clocked in for that shift, the time they clocked out, and the date. And then reported quantity shows generally the hours that have been reported for that shift. And then column J shows the time-entry code. There are several different time plans for the Monroe setup, so all of those are listed there.
Q Okay. So starting with J, I just want to ask you about a couple different of those -- couple different time zones there. In the very first one in row 3, column J, it says, Monroe regular nonVSES hours. What does -- what does that mean?
A That just means those are regular hours worked. It's not tied to any specific shift. So for example, in column I, reported quantities of 5.65. So that means there were 5.65 regular hours worked for that employee, Ashley (phonetic throughout).
Q Okay. And then just going down to cell -- I see a

reference to urgent care shift. What would that mean?
A Yep. So there are a handful of different shift options that all of our Monroe employees can have. There's an urgent care shift. There is also on-call pay, call-in pay, holiday shifts as well, which just denotes the different types of shifts and the hours you might work for those shifts to ensure that we're paying them according to the agreement.
Q Okay. So and -- and just if we go across to row 5, this would be Jordan Backsheider.
A Um-hum.
Q He's a customer service rep 1. His home location is the Rochester Pet Rehab, correct?
A That's right.
Q He picked up a shift at the Animal Hospital of Pittsburgh -- Pittsford, and that was for an urgent care shift. Is that how we would read this?
A That's correct. Yep.
Q Okay. And then just staying with Jordan, if we look at row 18, this would show he picked up a shift at VSES, correct?
A That's right.
Q And moving to column J, it says, Monroe VSES regular hours. What would that mean?
A That he worked, again, those regular hours, at Monroe VSES for a total of 5.63.
Q 5.63 hours?

A Hours, correct.
Q Okay. And just a few examples here. If we look at row 98 down through 109 or so, this would show that Caitlyn Prosser, whose home location is Canandaigua, she has picked up a number of shifts at the lab; is that correct?
A Correct.
Q Okay. And then here on the screen, I can't see the row. It's cut off. Let me see if I can --
A 233.
Q Yeah. I could -- I only see the 33. But 233, we have Chelsea Whittemore. This page would show that Chelsea's home location is Greece Animal Hospital, correct?
A Correct.
Q And then she's picked up a number of shifts at VSES; is that -- is that fair to say?
A That's correct.
Q Looks like there are a few dozen shifts there.
A Um-hum.
Q Okay. So let me scroll to the bottom here. Okay. That's actually -- never mind.
MR. STANEVICH: Strike that question or statement. Okay. I would move Employer Exhibit 78 into evidence at this time.
MR. HALLER: No objection.
HEARING OFFICER DAHLEIMER: Employer's 78 is received.
(Employer Exhibit Number 78 Received into Evidence)

Q BY MR. STANEVICH: And -- and Brandon, it appears that there are -- we just look at the total number on the spreadsheet that we have over 400 instances of employees picking up shifts at alternative locations since May 15. Would you agree with that statement?

A I would.

Q Thank you. Okay. Just bear with me for a moment. I'm just getting the next exhibit.

A Sure.

Q Brandon, I believe you testified before that compensation is one of the -- the practice buckets that falls under your pur -- purview as VP of total rewards and -- sorry.

A Talent and total rewards.

Q Talent and total rewards. I sort of --

A Yeah.

Q -- had it backwards. Correct.

A That is fine. Yep.

Q Okay.

A That's correct.

Q And in your role as VP for that group, did you review the hourly wages across the 20 or so locations at -- at issue in -- in this proceeding?

A I did.

Q Okay. And now what steps would you take to re -- review the hourly wages?

A We extracted the pay data from Workday again and compiled an exhibit that showed the minimum and maximum wage rates for each job title that exist uniquely across the MVA Ecosystem. And where that job exists at different locations, we listed the minimum and maximum for that wage rate at -- at every single location.

Q Okay. I'd like to show you a document that has been marked as Exhibit 80. Okay. Do you see my screen here?

A I do.

Q Okay. And this is a very large document in terms of data and size that's not easily printed. But can you walk us through how we should view this document, how one would read this document, and then we can go through some examples?

A Sure. So they were pretty lengthy in columns. Every one of the column sets has the same information, which is to say that, for example, starting in column C through E, that is a bucket for I beli -- the cursor's over it, but I believe that's ACA 1. So you'll see the pay data for ACA 1 is included there for Fairview as that's the only place we have an ACA 1. The minimum pay rate and the maximum rate is shown there since there's one incumbent. That means that it's obviously the same data. If there were data in other locations, they would appear as well as the number of employees, of course, that are in that job and at that exact location.

And for reference at the bottom, we've summed up for each

of the jobs, the number of total employees across the MVA Ecosystem in that role and the -- the full min to max across all locations where that exists with the total number of in scope employees listed at the bottom.

Q Okay. So in column B, those are all the locations at issue, correct?

A That's correct.

Q And then if we go up to row 2 and go across, that's where we will see the different titles that appear in our -- in our pay -- in our pay data?

A That's correct.

Q Okay. So just for an example, we have a title, animal care assistant 2, ACA 2. This spreadsheet would show that we have 15 employees in that title at VSES; is that correct?

A Correct.

Q And the lowest hourly rate there would be 13.25?

A Yes.

Q And the highest paid is $16.80?

A Correct.

Q All right. Go -- I do have some questions for you, because there appears to be some overlap in -- in the titles.

A Uh-huh.

Q So for example, on the left-hand side of the screen, we see -- I see ACA I, then I see ACA II. But then if we start to go over to the right -- you know, we jump over a couple

positions, we get to animal care assistant I and animal care assistant II.

What's the difference with ACA I and animal care assistant I, and ACA I and animal care assistant II? Why -- does it appear this way in our data?

A So we wanted to represent the data in its purest form. So it is likely that an ACA I is an abbreviation for animal care assistant I that you see in columns R, S, and T. We've left them separate, because if Workday shows that job title is anything different, even by one character, than another job title, we retain them as separate to be full and complete with the data.

But based on how the data had been loaded up on partnership, if any of those legacy titles existed where there was a slight difference in nomenclature, we retain that and show that here for completeness -- completeness.

Q Okay. And you said you -- based upon data that was loaded upon partnership, I think that those are the terms -- or the words you used.

A Uh-huh.

Q What do you mean by that? What data? What partnership?

A Yep. So on May 15th, when we partnered and acquired the NVA Group, we load all of their legacy employee data into Workday, day one, so that our master human capital management system Workday contains all of our employees, those who came

through acquisition and organically.

So we have taken their legacy data pre-Pathway, loaded that through our integrations team and our Workday team into Workday upon partnership, and that data is reflected here.

Q Okay. And before I go through some more examples, are there any efforts underway to collapse positions into a certain title or a certain level to ensure consistency, so we don't have an ACA I and an animal care assistant I?

A Yes, because -- yeah. Yes, the 12 job leveling, we are under way on that right now. And the goal is exactly as you described.

Q Okay. So let -- let's just go through a couple examples just to make sure that we can read this correctly. So let's -- let's focus on -- on animal care assistant II here, UVW. So this would show all of the previous location, the number of employees who have folks in this title, correct?

A Yes.

Q And it shows the minimum and the max for each location?

A Yes.

Q So for example, animal hospital, Pitts -- Pittsford has ten animal care assistant II in this title?

A That's right.

Q And VSES at the bottom, they have ten, same number?

A Correct.

Q Okay. And then the wage range for VSES would be 15.25 to

18.50; is that right?

A Yes.

Q Okay. And slightly different at other locations where a AHOP may be 14.50 -- 14.50 to 16, correct?

A Correct.

Q Okay. But then at the bottom, we've got some language -- or some numbers in bold. What is this?

A So this is, again, the total of all the totals. So you can consider it the grand total, let's call it, where we have 65 total employees across the NVA ecosystem who are in the animal care assistant II job title. And the minimum of all the minimums is $14 an hour. The maximum of all the maximums is $20.09 an hour.

Q Okay. So there are some locations that pay their animal care assistant II more than what the max is at VSES, correct?

A Correct.

Q Okay. Let's maybe go over to another title with a lot of folks. Okay. Client service representative, would we read this the same way?

A Yes.

Q So for example, there are 16 folks in the client service representative at VSES, ranging from 15.25 to 16.75?

A Yep.

Q Okay. And I see some other titles that add just CSR, CSR 1, CSR 2 -- the number 2 versus Roman Numeral II -- II. Is

this the same issue as you described earlier, it's just based upon how the prior employer listed the titles?

A Correct. Yep.

Q To the extent that you know, any difference in job responsibilities between, like, the number 2 and Roman Numeral II?

A No.

Q Here in the middle of the page we have title, license vet tech. We've heard a lot of testimony about the vet techs. So this part of the spreadsheet would also show the number of employees in this title at each location, correct?

A Yes.

Q So for example, we have 12 at the Animal Hospital of Pittsford. And we may have 30 or so at VSES, correct?

A That's right.

Q And does this spreadsheet include any supervisors or veterinarians, or is it limited to a certain subset of employees?

A It does not include managers or veterinarians.

Q So it just includes nonsupervisory --

A Yes.

Q -- support staff at --

A Uh-huh.

Q -- 19 or 20 locations?

A That's right.

MR. STANEVICH: At this time, I would move Employer 80 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 80 is received.

(Employer Exhibit Number 80 Received into Evidence)

MR. STANEVICH: Thank you, Brandon. I have no further questions at this time.

HEARING OFFICER DAHLEIMER: Thank you. You're dismissed.

THE WITNESS: Thank you.

MR. HALLER: I had some questions.

HEARING OFFICER DAHLEIMER: Oh, I'm sorry. Yeah. You're not dismissed. My apologies.

CROSS-EXAMINATION

Q BY MR. HALLER: Mr. Ritschard, you almost escaped, but not quite. I'm Bill Haller, counsel for the Union. I'd like to start by asking you a few questions about Employer Exhibit 77, the permanent transfers between May 15th and September 15th. Do you have that available to you?

A I do.

Q Okay. There's been prior testimony that all permit transfers were initiated by the employees involved. And the employees had to interview -- they had to apply and interview for the positions, just like someone from outside the Path organization; is that correct in your understanding?

A That is our typical protocol.

Q Okay. It appears that Employer Exhibit 77 shows that in this time period there were five individuals that came from elsewhere in the Monroe Group to VSES. That your understanding as well?

A That's correct.

Q And one of the individuals is an office administrator, which both the Union and Employer agree that that's not a position of in the bargaining unit; would you agree?

A Yes.

Q Okay. So the four individuals that, arguably, in the bargaining unit that had permanent transfers since May 15th to VSES?

A Correct.

Q Okay. And there were two individuals that worked at VSES that applied for and got transfers to elsewhere in the Monroe Group; would you agree that's correct?

A I would.

Q Okay. Let's turn, now, to Employer Exhibit 78, the shifts worked at nonhome locations from May 15th to September 5th. And I've got a number of questions about this document. As is my habit, I'm a little bit awkward here. I printed it out, and printout has no line numbers on it. So I'll try and cross reference to the onscreen version here.

First, I note that -- just at a quick glance, it appears that overwhelming number of shifts reflected in this document

are well less than eight hours; is that correct?
A I can't confirm that without looking at the numbers, but --
Q Well, let's take a look at, like, rows 1 through 28.
A Yeah. I -- I see some that are less than eight hours. I see a few that are more than eight hours. For example, rows 14 and 15 appear to be between nine and ten hours.
Q Okay. Well --
A A range.
Q -- let's see. It starts -- I guess the first name is at row three, that's less than six hours.
A Correct.
Q Row four is a little over four hours. Row five is 2.6 hours. Row six is 3.4 hours and change. Next one is 5.2 hours, approximately. The next line is 5.6 hours, approximately. Next one is 5.15 hours. Next one is 4.1 hours, 5.6 hours.
A I just took the average of all the regular hours, and it comes out to 4.5 hours is the average regular hour shift length.
Q Oh. Okay. Then I misunderstand what's reflected here. I thought each of these lines reflected a particular shift worked on a particular day.
A It does.
Q Well --

A What -- what I said I did was to take the average of all of the hours reported here, and that comes out to 4.5 hours per shift on average.

Q Oh. Oh, I see. For all of the lines on this document?

A Yes. For like, rows 1 through 440, whatever.

Q Okay. Okay, thank you. You just cut to the chase. Thank you.

A Glad I helped.

Q All right. Okay. And all -- I think there's 444 lines, but it doesn't start until line 3. So I guess there's 442 shifts reflected on this document; is that correct?

A That's correct.

Q Okay. Of those 442 shifts, only one shift reflects an individual who -- who's home location is VSES, who worked elsewhere?

A That is correct.

Q Okay. And that's one person who worked two shifts, right?

A That's correct.

Q Bear with me for a moment. Okay. And that individual and their -- her two shifts are -- let me find the line numbers. We're talking about lines 412 and 413, it's a Bridget Smith (phonetic). You with me?

A That's correct, yep.

Q According to this, she's s a hospital assistant I, and she did two shifts at Rock Pet Rehab; is that correct?

A That's correct.
Q Okay. I'm just curious. Next to her name, it says, "on leave"; what does that mean?
A That means at the time we pulled this data in Workday, she's categorized as being on a leave of absence.
Q Okay. But you work these two shifts?
A That's correct.
Q Okay. There's been prior testimony that extra shift work in the Monroe Group, except for the mandatory holiday coverage, is all voluntary; is that your understanding as well?
A That is my understanding.
Q So the -- the overwhelming number of these 442 shifts are worked voluntarily by the employees, if all, they weren't mandated; isn't that correct?
A To my understanding, yes.
Q Okay. So we talked about the one individual who worked two shifts who works at VSES and did some work at another location. There are, on this document, a total of 74 shifts worked at VSES by folks from other locations; isn't that correct?
A I -- only one second to confirm that. I see 88.
Q 88. Okay. Four of these shifts are by employees outside the bargaining unit. Let me -- let me find what we're talking about here. Okay. I got a feeling you'll have the ability to find this quicker than I can. There -- there are two shifts

attributed to a Paul Sutliff?
A Yes.
Q Okay. What line numbers are those, so we're all --
A 342 and 343.
Q -- 342 and 343. Okay. So that's an individual that came from Irondequoit and did two shifts at VSES. And that individual's name is office administrator, right?
A Yes, the title is office administrator.
Q Okay. And all parties agree that that's not a bargaining position; that you're understanding?
A I can't comment on that. I don't know the answer to that.
Q Okay. Okay. A few lines further down -- let's see, line 352, a Charmaine Hefner (phonetic) came from Perinton and worked at VSES, and she's a client experience manager, right? Would you agree that's what that line 52 says?
A It does say that.
Q Okay. I think all parties agree that a client experience manager is not in the bargaining unit? Do you have knowledge of that one way or the other?
A I don't know that particular job title. I don't know that job title. I know manager, of course, as we've discussed, is not. But the specific duties of that, I can't comment on.
Q Okay. Okay. So I come up with a total of 74 shifts worked by nonVSES at VSES. And I believe you came up with a total of 88?

A Yes.
Q Okay. Well, we'll work with that number.
A Uh-huh.
Q Would you agree that at least 44 of those shifts were all worked by Chelsea Whitmore (phonetic)?
A Would I agree with that? I would say, I have 41 from Chelsea specifically working at VSES.
Q Okay. And she's a customer service representative I at one Greece Animal Hospital, right?
A That's right.
Q Okay. And it looks like she regularly picks up shifts at VSES?
A I would agree.
Q Okay. So approximately half of the shifts worked by the outside folks at VSES were this one individual; isn't that correct?
A Roughly.
Q Yeah. Okay. So out of 442 shifts worked outside the home location during this period of time, 88 of them were by outside folks working at VSES; is that correct?
A Yep.
Q Okay. Do you have any way of determining how many of those 88 shifts were mandatory, and --
A I do not.
Q -- voluntarily taken on?

A No.
Q Okay. Take a look at -- no, got to find the line number. I apologize. I'll give you the name, and you can find it quicker. It's a Tess Bishoping, B-I-S-H-O-P-I-N-G.
A Line 86.
Q All right. Thank you. All right. So she's an office manager at Animal Junction, and she did, looks like, one shift at VSES, correct?
A That's right.
Q All right. Officer manager's not in the bargaining unit; is that correct?
A To my knowledge, correct.
Q Okay. And there's actually no hours reflected. It doesn't look like she actually did any work. She was just on call, right?
A The way Workday reports specific shifts -- so you can see in time entry code J, where it says, "Holiday on call Shift" --
Q Uh-huh.
A -- the one in column I reported quantity reflects that she completed one shift. It reports hours in column K as zero, because it's tracked as a shift, not hours. So she did complete a full shift; it's just not reported in hours.
Q Okay. That -- does that mean you're -- if the records are correct, she actually showed up at the hospital and worked that day?

A Correct.
Q Okay.
A Correct.
Q All right. So her hour -- her hours, it's reflected as holiday on-call shift?
A Oh, I'm sorry. I correct my statement?
Q Of course.
A In looking at time entry code in column J, it does say, "On call." So I cannot confirm she worked that shift. If it had said call-in, that would mean she was physically called into the hospital. I'm sorry. I misread the time entry code. So this was just on call. She got paid a flat fee for being on call.
Q Being on call.
A It's unclear if she showed up for that shift.
Q Okay. Are there any other codes anywhere in this document that show people working a mandatory holiday shift? Or is that just a -- wouldn't show -- show up on here?
A The code will say holiday on call. There might be holiday call in. I'm looking now.
Q That's -- I did find one more; although, of course --
A Yeah.
Q -- I don't know the line number.
A So there are three types of holiday shifts, holiday call in, holiday cold call, and holiday on-call shift, which is the

one we just looked at.

Q Okay. I see another holiday on-call shift for Courtney Mayfield. Of course, I don't have a line number.

A She is on 279 and 280.

Q So she's a veterinary tech nurse I from Irondequoit, who did an on-call shift at VSES on one occasion and got credit -- credit for being on call?

A That's correct.

Q Okay. Okay. Let's move on to -- let me just ask you a general question about Employer Exhibit 80, that the -- the spreadsheet that shows compensation.

A Uh-huh.

Q Shows -- appeared to show considerable variation in what folks are getting paid at the various facilities between individuals within the various pay grades; is that correct?

A I think that depends on your definition of considerable. So I would not agree with that until we define what considerable means.

Q Okay. That's fair enough. All right. Well, certainly, everybody in each of the pay grades is not making exactly the same pay, right?

A Correct. There is differentiation in the minimum and maximum pay rates at locations.

Q And appears to be there's some differentiation between the general practices and VSES; is that correct?

A There might be, in some case, a difference, yes.

Q Okay.

MR. HALLER: That's all I have. Thank you, sir.

THE WITNESS: You're welcome.

HEARING OFFICER DAHLEIMER: Mr. Stanevich, do you have redirect?

REDIRECT EXAMINATION

Q BY MR. STANEVICH: Brandon, do you have any understanding why we see a -- more of a flow into VSES as opposed to a flow of employees from VSES working at other locations?

A Yeah. In my experience, I would comment that emergent cases are, of course, emergent by nature. And oftentimes the hours required from staff members in an emergency and specialty location are overnight and weekends, which is different than in a general practice.

So oftentimes it's harder to staff some of those shifts, which is why you generally see more nonemergency, nonspecialties filling in shift at a ER or specialty location.

MR. STANEVICH: I have nothing further. Thanks, Brandon.

THE WITNESS: You're welcome.

HEARING OFFICER DAHLEIMER: Mr. Haller, redirect -- or, recross, or no?

MR. HALLER: No, sir. No further questions.

HEARING OFFICER DAHLEIMER: Okay. For real this time, thanks for your testimony. You are dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: Is the Employer's next witness available?

MR. STANEVICH: If we can take a short five-minute break. We had lined up our next witness to testify at 11:30, but we're moving at a very fast clip, which is good for everyone. But we just need to see if we can slide her up a little bit, and I think we can. Just need to make a phone call.

HEARING OFFICER DAHLEIMER: Sure thing. Again, Mr. Baker, we're off the record. We'll be back in approximately five.

(Off the record at 11:20 a.m.)

THE COURT REPORTER: On the record.

HEARING OFFICER DAHLEIMER: Ms. Mastrony, your witness, please.

MS. MASTRONY: Thank you. We'd like to call Kathy Sercu, please.

MS. SERCU: Hello.

HEARING OFFICER DAHLEIMER: Hi. Please raise your right hand.

Whereupon,

KATHLEEN SERCU

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLEIMER: Please state your name and spell it for the record.

THE WITNESS: Full name is Kathleen Sercu, K-A-H-L-E-E-N; last name, S-E-R-C-U.

HEARING OFFICER DAHLEIMER: Proceed with your questioning, please.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good morning, Kathy. How are you?

A Good.

Q Can you tell us by whom you're currently employed?

A I'm currently employed with Pathway.

Q And what's your current position?

A My current position is practice manager of Perinton Veterinary Hospital. I'm also a licensed LVT as well.

Q All right. And what does your position entail there?

A So my practice manager side of things, I have a lot of administrative work -- invoicing, marketing, multiple different planning, employee matters, things of that nature. My LVT side of things, I work on the floor very regularly. Matter of fact, I was doing surgery five minutes ago. And then I -- so everything that an LVT tech will have throughout their day.

Q All right. How long have you been in your position as the practice manager there?

A As a practice manager of Perinton, October of 2019, I officially accepted the position. And then I worked as both an LVT and practice manager throughout that time. I've been an

LVT, now, 16 years.

Q All right. And how do you obtain the license to become an LVT?

A You have to go to college -- to an accredited college. A minimum of a two year degree, so an associate's degree. Once passing that and being accredited -- from an accredited college, you then, for New York State, can sit for the veterinary technician national exam. And UFC (phonetic throughout) only recognizes the national exam. And so then, you can sit for the national exam. And once obtaining a passing grade on the nation exam, you are then licensed in New York State.

The national exam is recognized by a multitude of states, but you do not have to be licensed in every state. And then, once you are licensed, within every three years, you have to maintain continuing education credits to show proof that you actually are continuing your learning.

Medicine is so progressive, and there's constantly new things that come out about it. And so you want to make sure that you stay up to date with the latest and greatest and have the best knowledge available to get back to our patients. And so every three years, you do have to reapply to keep your license and show proof of your continuing education. And it could be audited, also, to show proof of that matter.

Q Okay. Can you just give us your career experience?

A Um-hum. So I started out in Pearl Tower GP (phonetic throughout), a very small practice. I then have done Humane Society spay/neuter doing upwards of 50 surgeries a day, just spay/neuter. And then, I moved to various specialists in animal emergency, primarily in the radiology department, but also working with emergency, as well. And then, I transitioned over to the Perinton Veterinary Hospital as their LVT supervisor, and then moved to be their practice manager.

Q All right. And what was your position at VSES?

A My primary role and function was radiology department. So I would perform primarily pre-op and post-op radiographs for surgeries, but also radiographs on any emergency cases that are coming in, any diagnostic imaging that was needed for a patient, and then also assisting on emergencies if emergencies come in, or we had downtime, or things like that, as kind of an all-hands-on-deck. And if you're available, you do what needs to get done.

Q Okay. And were you an LVT there?

A Yes, yeah, I've been an LVT the whole time.

Q All right. How long were you an LVT at VSES?

A I was at VSES as an LVT just five -- five years.

Q Okay. And then, you said came to Perinton as the LVT supervisor?

A I transitioned over -- I believe it was 2016 -- to Perinton as their LVT supervisor, yes, for a couple years. And

then, the practice manager role became open here. And so I had applied for it, and I became that, as well, but still work as an LVT on the floor. I'm not full-time administrative at a desk.

Q All right. Can you tell us how far Perinton is from VSES, just roughly, geographically?

A It's about a 20, 25-minute drive.

Q All right. And what kind of services are offered at Perinton?

A We will perform everything from wellness exams, vaccines. We will see emergencies, anything that will walk in the door in that sense. We perform surgeries, so we will do foreign body surgeries. We will do spays; we will do neuters. We will perform gastropexies. We will do cranial cruciate ligament repairs. We will do leg amputations, tail amputations, toe amputations, enucleations, so eye surgeries, growth removals, a multitude of surgeries in that sense. We also perform diagnostic imaging. So we have X-ray, ultrasound. We also have laser therapy, as well. So we have laser therapy here, as well, for helping with post-operative care, pain management, things of that nature.

We'll do end-of-life care, as well. We have hospitalized here who may need IV fluids or things like that, more intense pain management care.

Q Okay. And what services were offered at VSES while you

were there?

A They'll of course see the emergent and critical cases as they come in the door, stabilization of those cases, hospitalization, if it's warranted, perform outpatient procedures, things like lac (phonetic throughout) repairs, or things like that. They will perform diagnostic imaging. They'll do surgeries with the specialties. They, at the time, had a internal medicine specialist who would do some kind of chemotherapies. They had ophthalmology at the time. They had a board-certified radiologist at the time that I was there, so they would do things like that, too, perform MRIs or CTs.

My time there, I was trained in MRI. And so after I transitioned over to Perinton, I would also be on call to come in after hours and run the MRIs for them for emergent and critical cases that would come in after hours.

Q So you mentioned that they do surgeries at VSES, as well. You had gone through a list of surgeries that are performed at Perinton. Are those surgeries that are also performed at VSES?

A Um-hum. They'll very regularly do those surgeries. They -- the type of knee surgery that we do at Perinton is just slightly different just in -- because the same thing to correct a cranial cruciate ligament can be done a multitude of ways. It depends on what's appropriate for that particular patient.

Q All right. Are there any surgeries they perform at VSES that are not performed at Perinton?

A Sometimes, some really intense chest cases, the rapid cases, that would be better recommendation for a board-certified surgeon, and that they would have the ventilator for. Because they -- they do have a ventilator there, but those are going to be severely critical cases.

Q Okay, so what types of positions exist at Perinton?

A We have client service representatives, animal care assistants, kennel attendants, LVTs, and DVMs.

Q All right. And what do those positions do? So let's start with the LVTs there; what do they do at Perinton?

A Um-hum, so LVTs pretty much do everything and anything. We do everything from client education, to filling up medications, any kind of hospitalized treatments, any kind of outpatient treatments. We will do anesthesia. We will do radiology. We will do laboratory testing. We will obtain different -- a multitude of samples. We will do pain management if that's appropriate. We really do anything and everything that the doctor needs.

Q And to the LVTs assist in surgery?

A We will help assist as in if the doctor needs an extra set of hands. We will do all the anesthesia, anesthesia monitoring, intubation and IV catheter placings, actually administrations of the drugs that the doctors give the orders for. Critical cases that will come in, we'll doing the intubation, the IV catheters, performing CPR, corrective --

giving emergency medications, if needed.

Q Okay. And then, you also mentioned customer service reps; what do they do at Perinton?

A They're kind of front lines. So they will answer the phones, schedule appointments, to the best of their knowledge and ability, answer any questions that the clients and -- have and/or refer them to a doctor or the technician. Many times, if it's something medically based, they'll refer to the technicians to answer the client's question. They will bring out medications to the clients. They will help assist us bringing the patients in and out of the building, so that nature.

Q And then, what about the animal care assistants? What do they do?

A So animal care assistants, they'll assist the DVMs and the LVTs, primarily. At Perinton, they are cross-trained, also, as CSRs. So they can do everything from scheduling appointments, the same thing the CSRs can -- can do. So my ACA generally will help me with placing IV catheters. They will assist the DVM with their wellness appointments. They will actually take the soap from the client, answer all the questions, verify everything that they're there for today. They will draw up the vaccines for the doctor to give, and they'll have everything ready and prepped for the doctor for their appointments. And then, they can assist the doctor, as well, with performing

their exam, helping to hold patients, soap, and also help hold the patient for any diagnostics that are needed, as in blood work that the technician will draw. Or they'll help sometimes with the stuff that we need to do, any kind of diagnostic imaging, in the X-ray or ultrasound.

Q And then, I think you mentioned kennel assistants?

A Kennel attendant or --

Q Yeah, sorry.

A Yeah.

Q And what do they do?

A So we do have a small boarding facility at Perinton. During the COVID time, that kind of got shut down. And certainly, right now, we're in construction, that kind of got shut down, but we still utilize them. So when we had full boarding open, they would be used for feeding the patients and walking patients, making sure that they had clean kennels, and things of that nature. And that is a Monday through Sunday thing, so they'd actually be in on Sundays, as well. Now, we primarily utilize them as helping us bring patients in and out of the hospital.

Any hospitalized patients, they'll help us clean their cages, things like that. General cleaning of the hospital, as well, they will do. Especially since COVID, we have regular cleaning every four hours, and all high-touch surfaces get wiped down, things of that nature. So they're a huge help in

that. Cleaning the hospital at the end of the day is a huge help that they do, along with keeping and maintaining. They'll help sometimes with surgical laundry, regular laundry, items like that.

Q And what positions are at VSES?

A VSES has client-service representatives. They have animal care assistants. They have LVTs, DVMs, and on their specialty services, they have coordinators, as well.

Q All right. And so the CSRs that are there, are their functions similar to the functions that CSRs serve at Perinton?

A Um-hum. They won't necessarily actually have, like, appointment schedule for VSES for obvious reasons. The coordinators would be the person to schedule appointments based upon their specialty areas. But in essence, the CSRs there and the CSRs here are exactly the same.

Q Okay. And what about animal care assistants at VSES as opposed to Perinton?

A Yeah, so animal care assistants, same thing. They help assist pretty much everybody. What's ever needed if you need to prep for a procedure, that's the same there as it would be here, helping perform any treatments, or assisting the technicians performing any treatments or diagnostic imaging, you know, taking a patient for a walk or anything like that. It's exactly the same from the ACAs there to the ACAs here.

Q Okay. And then, what about the LVTs at VSES as opposed to

Perinton?

A Um-hum. Pretty much the same, as well. In essence, they will carry out whatever directives that the DVMs give them, in the place of if a patient needs treatments, fluids, outpatient procedure, anesthesia, sedation, anything of that nature. Sometimes, some of the medications might just be slightly different that they use on a more regular basis than what we use. But there's nothing to say. You just can ask somebody to verify what it is or how it's used. That would really be the only difference that I could see of what they use, is just some things they use on a more regular basis than what we do.

Q Okay. And what type of equipment is available at Perinton?

A So we have a CR X-ray. We have ultrasound. We have laser therapy. We have to capnograph monitoring for anesthesia. We have all normal anesthesia monitoring, so ECG, pulse ox, end tidal CO2 with capnograph, blood pressure monitoring, along with we can also do Doppler blood pressure monitoring as well, which -- it's just slightly different. But in essence, you get the same exact result of a blood pressure from it. We have -- I'm trying to think what else. I feel like we have so much. That's all that comes to the top of my head.

Q Okay. And what about at VSES? What equipment is available there?

A Um-hum, so VSES has all that same equipment, as well.

They have more of it for obvious reasons, because they'll see a larger caseload. But they have all those things, as well. They obviously have an MRI and a CT machine, as well, and then events later in their surgery.

Q Okay. What are the hours of operation at Perinton?

A Monday through Friday, we -- our phones are on starting at 7:30 until 7 p.m. We start arriving at 7:30. Majority of staff comes in around 8, and then we're usually here until 8 or 9:00 at night, Monday through Thursday. Fridays, our phones turn on at 7:30 again. Some staff start showing up at 7:30, majority appear by 8. We -- our phones turn off at 5:00, but we're usually still here until at least 6 or 7 on Fridays. Saturday, we're open from 8 to 2. All staff comes in at 8:00. We're generally not out for around 4:00 or so on Saturdays. And we are closed on Sundays.

Q You had mentioned that you were an LVT at VSES for a while. Did you ever pick up shifts at any other hospitals while you were serving as an LVT at VSES?

A Um-hum, so my primarily (sic) function at VSES was in the radiology department. But then, I also picked up shifts on the emergency side at VSES. I also picked up shifts here and there at places like Bayview Veterinary Hospital, things like that. You can jump around to the different GPs without an issue at all.

Q Okay. You mentioned -- you also mentioned that you went

through training on the radiology; could you explain that?
A Yeah, yeah. Since I was radiology tech for so many years and I had more advanced training in the types of units that we had -- so Trylie Vet (phonetic throughout) came on board a little while back. And we had upgraded them from film radiology to CR radiology. And so I got out to their facility and trained their technicians on that whole process, on our PACS system, as well, which is pretty much, like, our medical documentation to make sure that the medical record is complete. It holds all the X-rays, in essence, in it, so training them on all those things, as well.
Q All right. And then, after you left VSES to come to Perinton, did you ever work at VSES at that point?
A Um-hum,. So I did go back and work -- not only was I on call for their MRI, I also helped out in some emergency places. Even after becoming a practice manager, I was also picking up shifts there on emergencies here and there in that department. I would work at Bayview here and there if they needed things, and anywhere in the GPs if they had openings here or there.
Q And were you working as an LVT when you picked up shifts elsewhere?
A Yes, yeah. Yeah, not as a practice manager.
Q Okay. And currently, do any of your staff members work at VSES on occasion?
A Yes. So Char, my SCR supervisors, she picks up very

regular shifts at VSES, sometimes almost once a week in some months. She's actually their main primary go-to call-person if they have someone call out on a Sunday or something like that. She's one of the first people they call. A couple of my other CSRs also pick up regular shifts over at VSES, also, and they've done that for years. Every now and then, one of the ACAs will, but not as much as the CSRs. And then, the LVTs will pick up other shifts here and there at some of the other hospitals. And then, we very regularly have ACAs and LVTs and from our other GP hospitals, in emergency or things like that, that help us out at Perinton, as well.

Q Okay. You mentioned your CSR supervisor; what was her name?

A Charmaine Heffner.

Q I -- missed the last name?

A Charmaine Heffner.

Q Heffner, okay. Thank you. Okay, and I'm sorry; do any of the VSES staff work at your hospital ever?

A They have picked up shifts in the past. They haven't in a few months here recently, but they have in the past.

Q And does your staff have -- you heard a lot of testimony about the -- the holiday commitment at VSES. Does your staff have to do that holiday commitment at VSES urgent care?

A Yeah. Just this past holiday, I had two of my LVTs were on call for them. I have one of my -- my LVT supervisor, she

has a set shift for New Year's for them, as well. On average, I -- we usually have one to possibly four members of our team either on call or actually working shifts for VSES every holiday. And that's between the CSRs, ACAs, and LVTs. I cannot speak to the DVMs; I don't know that knowledge.

Q Okay. So we went through the work that you actually did when you were at VSES. I know you said you were primarily doing radiology, but can you just describe for us what job functions you were doing as a VSES at LVT -- I'm sorry -- as an LVT at VSES? Too many letters.

A It's okay. So yes, my primary function was radiology for any kind of diagnostic imaging that was needed for any emergencies that came in, pre-op/post-op radiographs for any surgery patients that were needed. But as a -- when I was picking up either emergency shifts, or if it's a case that's needed, an emergency came in, starting an IV catheter, starting on fluids, intubating a patient, performing any kind of outpatient procedures, performing any kind of anesthesia, any kind of sedation, hospitalization treatments that the doctor had ordered, giving medications. Anything like that, I've performed.

Q Okay. As compared to your work as an LVT at Perinton, what -- what are your job duties there as an LVT?

A Pretty much the same. The -- the caseload is not as much, but that's pretty much the only difference. Anything the

doctor needs, I will -- we do IV catheters all days long, blood draws all day long, diagnostic imaging. We will do CPR if needed. We'll do intubations. We will hospitalize patients and perform any kind of medication that they will need. We'll perform epidurals at Perinton. We'll also perform oral blocks for dental procedures and pain management, line blocks for surgeries. Anything of that nature, we will perform, as well. So in essence, the same stuff.

Q Okay. And you know, I think you testified and we've definitely gotten some other testimony about the fact that there are some surgeries that are only performed at VSES. As an LVT as VSES, did you ever assist in a surgery that could only be performed at VSES?

A That could only be performed at VSES. I did not assist in any, no. The types of cases may be different that they'll see at VSES, but the actual role that the LVT will play in them is completely the same. Because anesthesia is anesthesia. You address the vital signs based upon your patient and then adjust what is needed for your patient, of that nature. So even though the DVM may be doing something different, it doesn't matter what the DVM is doing. You're still going to treat your patient, and the vitals, and the anesthesia, based upon what you have there, and that's completely the same from patient to patient.

Q Okay. I don't have any other questions. Thank you.

A Um-hum.

HEARING OFFICER DAHLHEIMER: Mr. Haller, if you'd like to cross-examine.

MR. HALLER: I have no questions. Thank you.

HEARING OFFICER DAHLHEIMER: Okay. Thank you for your testimony this morning. You're dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Is the Employer's next witness prepared at this time, do we have an approximate time?

MS. MASTRONY: So I'm hoping she could have until noon due to some scheduling issues. Is that okay if we just leave 15? She should be able to come on at noon.

HEARING OFFICER DAHLHEIMER: Sure, yeah.

MS. MASTRONY: Okay.

HEARING OFFICER DAHLHEIMER: Mr. Baker, we are off the record.

(Off the record at 11:46 a.m.)

HEARING OFFICER DAHLHEIMER: Okay. Employer, will you please introduce your witness?

MS. MASTRONY: Sure. We are calling Jennifer Gargan next.

HEARING OFFICER DAHLHEIMER: Hi, good afternoon. Please raise your right hand.

Whereupon,

JENNIFER GARGAN

having been duly sworn, was called as a witness herein and was

examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state your name for the record and then spell it for us.

THE WITNESS: Jennifer Gargan, J-E-N-N-I-F-E-R G-A-R-G-A-N.

HEARING OFFICER DAHLHEIMER: Okay, thank you.

Your witness, please.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: We're one minute of noon, so I can say good afternoon, Jen. How are you doing today?

A Good. How are you?

Q All right. So can you tell us by whom you are currently employed?

A Well, Monroe Veterinary Associates/Pathway Vet Alliance at Fairview Veterinary Hospital.

Q Okay. And what is your current position?

A I am an LVT and kennel supervisor and transitioning into practice manager.

Q Okay. And how long have you been in your role as an LVT and kennel supervisor?

A Coming up on three years.

Q All right. And can you just tell us briefly what that position entails?

A Yeah, so primarily, I am a technician on the floor, so I'm

a working supervisor as a technician. So you know, I'm drawing blood, restraining animals, running anesthesia, running blood work, autoclaving, PACS, things like that. And then, my supervisory role is going to be, you know, dealing with daily issues, whether it's staffing or client issues, helping with, you know, any staff questions. And then, I also, you know, deal with any disciplinary things, stuff like that.

Q All right. And can you just give us a brief overview of your educational background?

A Yeah, so I went to see SUNY Delhi for veterinary technology -- it's an associate's degrees, so a two -- two-year program -- and then took my licensing.

Q All right. For -- to become an LVT?

A Yes.

Q Okay. And can you give us just a brief overview of your career experience?

A I started with Monroe Veterinary Associates in January 2002, started at Pittsford Animal Hospital. From there, after about three, three and a half years, I transitioned to a supervisor role at Bayview Veterinary Hospital, which is still in Monroe Vets. And then, after three years there, I went to veterinary specialists in animal emergency, VSES, where I spent just about a little over ten years in various roles there but was a supervisor after a very short term of being a team leader. And then, the past three years, I've been here at

Fairview.

Q Okay. And you said you were doing the transition to practice manager there; when, approximately when, is that going to occur?

A It's going to be over 90 days. I'm transitioning from another practice manager who currently has two of our hospitals. But it takes effect within the next week or two as far as on paper and all of that.

Q All right. And in your role at Pittsford and Bayview and VSES, were you always serving as an LVT?

A Yes.

Q All right. So can you tell us approximately how far Fairview is from VSES?

A It's about 15 to 20 minutes, depending on traffic.

Q Okay. And what services are offered at Fairview?

A So we do wellness and problem visits, so you know, annuals for vaccines, and routine blood work, but then also, you know, any problems that are not severe emergencies, I guess you could say, so you know, limping, broken toenails, you know, not eating, vomiting, diarrhea, things like that. And then, we see generally dogs and cats, but we also do surgery, as well. So we have three surgery days here at Fairview, and so we offer surgery services, as well.

Q All right. You said three surgery days; is that a week, a month?

A Oh, I'm sorry, a week. Each of our doctors has a surgery day, so.

Q Okay. And what types of surgeries are performed at Fairview?

A So we do the routine spays and neuters that, you know, most people are familiar with in a veterinary office. But we also do eye enucleations, which is removing the eye on patients that need that done. We can do foreign body surgeries here, so if they ingest something that gets stuck in their intestine. We also do pyometra surgeries, which is an emergency surgery that when they get an infect -- when females weren't spayed, they get an infected uterus. And gastropexy, which is where they tack the stomach to the body wall so that the dog's stomach can't flip from bloat. And growth removals. We've done some anal sac removal. So we do a variety of things other than just the basic surgeries.

Q Okay. And what types of services were offered at Bayview when you were there?

A When I was there, we primarily just did spays, neuters, and like, growth removals. So more of the basics. But there are some new doctors there now, as well, so I'm not sure what they currently offer.

Q Okay. And what about at VSES, what services did they offer there?

A As far as surgery, or?

Q Just generally.
A So when I was there emergency, obviously, so any incoming services, internal medicine, surgery and specialty. We had the criticalist there. And when I first started, they also offered cardio and oncology but that has since -- you know that was gone a few years after I started there.
Q Okay. And what type of surgeries are offered at VSES?
A A lot of the same as far as the nonroutine type surgeries. They will definitely do at emergency. So the pyometras, the you know, any really big growth that potentially can't -- you know, could have complications as far as blood loss and things like that where they are able to provide that. And definitely fracture repairs; that's one thing that we wouldn't provide here, unfortunately. But the fracture repairs are a big thing, I think, over there in comparison. And I know that in the past they have done like laparoscopic spays for some dogs. So similar but just a little different.
Q Because at Fairview they don't do it laparoscopically?
A Yeah, we don't have the equipment for a laparoscopic.
Q Okay.
A I'm not sure if they still have that there, sorry. But I know that at one point they were trying that out, so I don't know if that's still a thing.
Q What positions are at Fairview?
A We have doctors, licensed veterinary technicians, animal

care assistants, client service representatives, and kennel.
Q Great. And can you just tell us what each of those positions does? Let's start with -- well, not the doctors so much, but the LVTs, what do they do at Fairview.
A LVTs, we do anesthesia, bloodwork, obviously drawing the blood to run the bloodwork, placing IV catheters, dealing with emergency situations as they come. So sometimes, you know, we do get the occasional patient that comes in with respiratory distress or that, you know, unfortunately has gone in to arrest so we will start doing CPR. And you know, restraint, giving vaccines and other injections I would say, and sometimes assisting in surgeries as needed as well.
Q And what type of duties would LVTs do when assisting in surgery?
A So a lot of times assisting in surgery is just holding certain parts open or, you know, holding off intestine if we're resecting loops because you can't really clamp them. So sometimes they need an assistant. And you know, for like when they're tacking stomachs and stuff just kind of helping hold things in place or open so that the doctor has good visual. So a lot of just sterile assisting.
Q And would the LVTs do the anesthesia for surgery?
A Yes, yes.
Q Okay. And then what about the animal care assistants at Fairview, what do they do?

A They do a lot of our restraining. They check in clients for appointments and for surgeries. So just getting some background information, basically triaging the situation and that patient, what's going on. They do go in with the clients, with the doctors to go over, you know, the various options of -- I should say before the doctor goes in, they go in and go over the various options as far as, you know, treatments for things that the doctor has recommended or, you know, what vaccines are due and things like that, and then just, you know, like some basic computer work with our Infinity system.

Q Okay. And then the customer service reps, what do they do?

A They triage phone calls for the doctors or for technicians as well. You know, trying to set up appointments appropriately for what the needs are of that particular client and/or patient. They are faxing scripts, sending messages to the doctors and technicians, and you know, when people are coming in for appointments, they're checking them in, getting all of that information, and then cashing them out at the end of their appointments as well.

Q What types of positions are at Bayview?

A Bayview? Bayview has doctors, technicians, animal care assistants and client service representatives.

Q All right. And what are the duties of the licensed vet techs at Bayview?

A They would be the same. When I was there we didn't do as many of the more involved surgeries at that time. So that would be a little bit less of that type of duty but otherwise a very similar job.

Q All right. And then what about the animal care assistants at Bayview?

A Same. They did exactly the same stuff.

Q Okay. And then the customer service reps at Bayview?

A Same as well.

Q All right. And then what about at VSES, what types of positions are there?

A Doctors, licensed vet techs, animal care assistants, CSRs or customer service representatives, and environmental services, which is a janitorial position.

Q All right. And the role of the LVTs at VSES, can you tell us what they do there?

A Yeah, I mean, a lot of that is the same. Obviously, the type of patients that we would see there versus in practice, in general practice, are a bit different because a lot of those are critically ill patients or just, you know, really -- they couldn't maybe get in to their regular vet. So it is a little bit more frequent catheter placements, and you know, fluids and things like that. Different types of medications in between the two places that would be used but all generally the same types of work.

Q Okay. And what about the animal care assistants at VSES?
A Animal care assistants don't do as much with clients. I mean, they do have the client interaction because they do the triage with the clients, but it's a little different because there's not the educational aspect that you would find in general practice. So you know, they more or less triage the pet for what it's there for only. They don't have to worry about other concerns or issues that those pets might have. And then assisting the technicians in treatment with the various treatments that need to be done. So catheters, blood draws, things like that. And then patient care as well for in hospital patients.
Q Okay. And what about the customer service reps at VSES?
A They pretty much do the same stuff as far as, you know, checking people in and out, sending messages. So yeah, I would say pretty much the same type of work.
Q Okay. What kind of equipment is available at Fairview?
A We have ultrasound, we have, obviously, anesthesia machines, a couple of different types of monitors. We have IV fluid pumps, ECG, centrifuges, a chemistry machine to run more basic types of bloodwork and kidney panels, autoclave. I think that's pretty general of what we have here.
Q Okay. And then what about the equipment available at Bayview?
A Bayview, we didn't have, and of course it was, you know,

15-ish years ago, so the equipment at that time wasn't as good as it is now 15 years later, but we did have monitoring equipment as well, and anesthesia machines. Ultrasound wasn't really a big thing then so we did not have one of those at that time, but they do have one now.

Q What about the equipment at VSES -- the equipment available at VSES?

A VSES definitely, you know, they have a variety of equipment. I would say, obviously, they have more ultrasound machines just because of the volume they see. They have a few different types of pumps, ECG machines. They have MRI and CT, and they have like scoping and things like that for internal medicine. And like the monitors are pretty similar to the ones we have, and they can be -- you know, they monitor like the same types of things that we'd be monitoring here.

Q Okay. Can you tell us what the hours of operation are at Fairview?

A We are Monday through Thursdays 8:00 a.m. to 7:00 p.m. Friday 8:00 to 5:00 and Saturday 8:00 to 2:00.

Q Okay. And the hours of operation at Bayview, if you know?

A It is the same now, but when I was there, Monday through Thursday was 8:00 to 8:00, Friday was 8:00 to 5:00 and Saturday was 8:00 to 4:00.

Q But currently they have the same hours as --

A As we do.

Q -- Fairview?
A Yes.
Q Okay. When you were working at VSES as an LVT, did you ever pick up shifts anywhere else, any other hospital?
A Yes, I would pick up shifts at the general practices if it was something that fit into my schedule.
Q Okay. And you picked up shifts as an LVT at some of the other GPs?
A Yep.
Q Have you worked at VSES again since you've been at Fairview?
A Yes. With COVID it's been less, but when I first transitioned over here, I was picking up more shifts over there.
Q Okay. And were you working shifts as an LVT there?
A Yes.
Q Great. And we heard a lot of testimony about the holiday commitments that the LVTs at the other hospitals have to VSES, are you part of that?
A Yes, yep. I was on call for VSES on Labor Day from noon to midnight.
Q Okay. So as a supervisor you're still subject to that requirement?
A Yes.
Q Okay. All right. So in terms of your work as an LVT at

VSES, can you just tell us what you had to do, like, what sort of job duties you performed as an LVT at VSES?

A So I would say a typical day at VSES for me was I would either be on receiving or treatments. Since I was a supervisor, a lot of times it was easier to be on receiving just because then we could kind of help in other areas as we were available. So receiving meant anything that was coming in whether it was, you know, something that was limping all the way up to something that was crashing. So that would come in. I would place an IV catheter, you know, start it on fluids if that's what the doctor wanted, give medications the doctor ordered, and just help with, you know, whatever treatment plan was made for that patient, and you know, taking radiographs. You know, whatever they needed for that.

And if I was on treatment, then it was taking care of any in hospital or hospitalized patients. So you know, doing their treatments, changing their fluids if needed, replacing IV catheters, drawing blood, giving medications, and you know, physical therapy, things like that, as needed.

Q Did you ever assist in surgeries as an LVT at VSES?

A Yes.

Q Did you perform anesthesia work when you were at VSES?

A Yes.

Q All right. And what is involved in your job duties as an LVT now at Fairview, setting aside your supervisory duties?

A So on a surgery day, my job is to have the patient -- once the patient is in, you know, we -- if they need bloodwork prior to having anesthesia, we get bloodwork, place IV catheters, get my protocol together with drugs for my patient, monitoring anesthesia in surgery, recover that patient and then get the next one going. Depending on how many we have that day and then, you know, dealing with appointments after that in the afternoon, or on appointment days, you know, so technicians -- we have our own appointments as well. So they would -- the front desk customer service representatives let us know when one of our appointments are here, and so we do have, you know, client interaction at that point, and bring them back giving them shots for vaccinations, or you know, pain medications or whatever they need.

Q How would you say your duties compared as an LVT at VSES to your duties as an LVT at Fairview?

A The types of patients that we see are definitely very different but you know, for a lot of it it is the same technical abilities that are required to do that job. So either way I still have to be able to place a catheter. If I'm doing anesthesia it's, you know, still a patient that I have to monitor all of its vitals and make sure, because even a healthy animal can have very severe reactions under anesthesia just like a sick animal can. So the pace is sometimes for your heart a little different. The -- you know, the adrenaline that

you get with a patient that is not doing well and you're working really fast to get it done, that's a little different, but all the same as far as my technical skill requirement.

Q And we've heard testimony from you and from others that there are some procedures that can only be performed by a board- certified surgeon at VSES or can only be performed at VSES for another reason like, you know, the availability of equipment.

A Uh-huh.

Q Does an LVT, is an LVT required to have additional skill or licensure to be able to assist in those procedures at VSES?

A No.

Q Okay.

MS. MASTRONY: I don't have any other questions.

HEARING OFFICER DAHLEIMER: Mr. Haller?

MR. HALLER: I have no questions. Thank you.

HEARING OFFICER DAHLEIMER: Sorry, go ahead.

MR. HALLER: I'm sorry, my fault. No, I don't have any questions.

HEARING OFFICER DAHLEIMER: Okay. Thank you very much for your testimony this morning. You are dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: Employer, do we have a time frame on your next witness? Do you want lunch first?

MR. STANEVICH: Yeah, I think this would -- this is

probably a good time to take a lunch break, and if we can do an hour today that would be helpful. I think we just have one more witness, not a terribly long witness. So that will probably get us in to the, you know, 2:00-plus range with direct and cross.

So you know, Bill, any further thoughts as to this afternoon in terms of how you'd like to proceed? You're on mute.

MR. HALLER: It seems I want to keep myself muted. Imagine that, a lawyer that doesn't want to be heard. Since everybody is amenable to Petitioner starting their case tomorrow, let's just assume that that's what we're going to do.

MR. STANEVICH: All right. What time works for everyone? We're fine with 9:30 if that works, Bill?

MR. HALLER: Yeah, that's fine.

MR. STANEVICH: Okay. Then do you want to talk about the job descriptions now or do you want to have a separate conversation?

MR. HALLER: Are we off the record right now?

HEARING OFFICER DAHLEIMER: No, let's go off the record. Mr. Baker, we're off the record, please.

(Off the record at 1:33 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Mr. Stanevich, if you would like to enter things into evidence.

MR. STANEVICH: All right. Thank you, Michael.

Consistent with an off-the-record conversation with Union counsel, the parties have agreed -- or the Employer will offer Exhibits 48 through 75 into evidence, and that would include an Exhibit 52(a). And we would also offer Exhibits 83 and 84 into evidence at this point in time.

MR. STANEVICH: Those particular exhibits that I identified are various job descriptions that cover employees at VSES and elsewhere within the Monroe system in the greater Rochester, New York area. These job descriptions will cover employees in the petitioned-for units, in the locations sought by the Employer, and there are some supervisory positions included. And just to be clear, there may be -- there are certainly some additional positions at issue in this proceeding where we have -- at least as of today at 1:30, on September 21st, have not located those job descriptions. But if we are able to locate any additional job descriptions before the close of the record, we will provide them to the Board and to Mr. Haller.

MR. HALLER: The Union can agree to that proposed stipulation. Just one -- one change. I think it's 48 through 74 and 83 through 84. You said 48 through 75. 75 is not a job description.

MR. STANEVICH: Not yet. But you -- you are right, Mr. Haller. It is 74.

HEARING OFFICER DAHLEIMER: Okay.

MR. HALLER: Given that, we can agree.

HEARING OFFICER DAHLEIMER: The Union does not object to then -- to the job descriptions being entered into the record, correct?

MR. HALLER: We do not object.

HEARING OFFICER DAHLEIMER: Okay. Exhibits 48 through 74 and 83 and 84 are received into the record.

(Employer Exhibit Numbers 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 83, and 84 Received into Evidence)

HEARING OFFICER DAHLEIMER: Employer, if you would like to call your next witness.

MR. STANEVICH: Okay. The Employer would call Allen Ibrisimovic. I'm not going to try Allen, I'm sorry.

MR. IBRISIMOVIC: Ibrisimovic.

HEARING OFFICER DAHLEIMER: Please raise your right hand. Whereupon,

ALLEN IBRISIMOVIC

having been duly sworn, was called as a witness herein and was examined and testified as follows:

HEARING OFFICER DAHLEIMER: Would you please state and spell your name for the record?

THE WITNESS: Allen Ibrisimovic, A-L-L-E-N, I-B, as in boy, R-I-S-I-M, as in Mary, O-V, as in Victor, I-C, as in Charlie.

HEARING OFFICER DAHLEIMER: Okay. Go ahead.

MR. STANEVICH: I believe there's a silent H in there somewhere?

THE WITNESS: Invisible, invisible.

MR. STANEVICH: Okay. May I proceed, Michael?

HEARING OFFICER DAHLEIMER: Please.

MR. STANEVICH: Okay.

DIRECT EXAMINATION

Q BY MR. STANEVICH: Good afternoon, Allen. How are you today?

A I'm doing well.

Q Good.

A Thank you.

Q Allen, what's your -- what's your current position?

A My current title is senior people operations partner.

Q And I assume you are employed by Pathway Vet Alliance; is that correct?

A That is correct.

Q And how long have you been employed by Pathway?

A I've been employed by Pathway since May 15th, 2021.

Q Okay. Were you part of the Monroe system that existed prior to May 15th?

A I was. I was originally hired in February of 2019.

Q Okay. And what was your position while with Monroe?

A I was originally a senior HR generalist and later moved to

the HR manager at MVA.

Q And Allen, can you give us just a high-level overview of your educational background and your career history as it at least relates to human resources and labor relations?

A Okay. So I have a bachelor's in English literature with a minor in communications journalism. I also have a bachelor's in management with an HR concentration. I have an MBA that focused on healthcare management, service operations, and competitive and corporate strategy.

I worked within HR since 1997 at various levels from assistant to director in the areas of recruitment, payroll, employee relations, labor relations, compensation, leave management, HR operations, data analysis, vendor management, program planned policies creation. Kind of soup to nuts for HR.

Most of my experience, I spent 20 years at a very large employer that allowed me to experience the breath of all different HR functions.

Q Allen, let's spend a little time just chatting about your experience prior to Pathway when you were at the -- with the Monroe system. You had two different positions. Tell us about the first one, the name -- just remind us the name and the title, and what your responsibilities were?

A So I was a senior HR generalist primarily responsible for the kind of the daily tactical things that would come up,

simple questions. I would either answer them or put them in contact with our accounts acquisition people or our benefits people -- person. We didn't have that large a staff.

And I would work in conjunction with the director for kind of those strategic where do we go with the company, what are we going to look for on the -- you know, the one-year, two-year, five-year's out plan. Again, most of -- most of what I did was the daily tactical with respect to employee relations, answering questions, running reports for various things.

Q Okay. And when you were in the HR generalist position, did you have responsibilities for a, you know, specific set of locations, or was it broader than that?

A I had responsibility for the entire organization.

Q Okay. And did that include VSES?

A Yes. It included VSES, the lab, the crematorium, and all the general practices.

Q Okay. At what point in time or approximately when did you move into the HR manager position?

A I moved into the HR manager position in July of 2020. That's when the HR director left the organization, that was formalized with a title probably two months later, so in September. But functionally from July 2020 on.

Q Okay. From July 2020 through the Pathway acquisition, to whom did you report to?

A I reported to the COO.

Q Okay. And who was the COO at that time?
A That was Amy Laukaitis (phonetic).
Q Okay. And was there anybody within the HR department above you or between you and Amy?
A No, there wasn't.
Q Okay. And how did your position change over that period of time?
A From -- from generalist to manager?
Q Correct. Yes. So say from July 20th going forward --
A Okay.
Q -- what changed? What additional responsibilities did you have?
A So I became responsible for both the strategic and the tactical, you know, long-term and short-term work. I also had the entire HR team then reported to me, which was composed of two talent acquisition specialists, a benefits coordinator, a HR coordinator. And there was an assistant position that was vacant for a while, but that reported to me as well.
Q Okay. And your responsibilities, were they system-wide or were they limited to a particular subset of locations?
A It was system-wide for all facets of HR. Again, employee relations, benefits, workers' comp, compliance issues, vendor management. Pretty much every -- everything that I had done in the past all rolled up into one position.
Q During that period of time, did the company offer health

insurance benefits to its employees?
A Yes, it did.
Q Okay. And was there, you know, one set of plans that applied to everyone or were there different set of plans dependent on work location?
A The plan structure was offered to everyone, every work location, including VSES, the general practices, crematorium, lab. Everyone was covered under the same policy.
Q What about workers' comp coverage?
A That's identical. Everyone was covered by the same company. We used one TCA for the whole organization, and we were listed in that organization as one single company.
Q What about compliance issues?
A Compliance issues, you know, OSHA, wages and hours, everything that we did for one we did for all. So any of the rules applied to the entire organization.
Q Okay. Were you familiar with the new hire orientation process?
A Yes.
Q Okay. And tell us what that process was immediately before the Pathway acquisition.
A So immediately before the Pathway acquisition, we had -- we would present people because of COVID in a digital format or virtual format all of the things that they needed to -- to come aboard on the onboarding. So there was a benefits section

where they could select their -- their different benefits. There was a section for New York State compliance. There was a general section for, hey, this is what we are here at Monroe vet, and then there was also an OSHA component.

The OSHA component was both general and specific because some of the OSHA things -- like if you have to know where your eye wash station is, each hospital the eye wash station is going to be in a different place. So there was a -- there was an on-site, you know, difference there, but under all the same OSHA requirements.

Q Were there -- were there different orientation sections for different facilities?

A No, there were not. It was all one -- one orientation set of data or set of exercises you had to go through.

Q Okay. Were there different materials depending on where someone was going to work?

A Only on the OSHA piece because of the location of different equipment.

Q Okay. And has that really changed going forward under Pathway?

A No, it has not.

Q So same orientation program --

A Same.

Q -- for employees?

A Same orientation for everyone: VSES, general practices,

crematorium, lab.

Q While you were at Pathway, was there an employee hand --

MR. STANEVICH: I'm sorry, strike that.

Q BY MR. STANEVICH: While you were with the Monroe system, was there an employee handbook?

A Yes, there was. That was -- getting that was also part of the orientation.

Q And was there a separate handbook for each facility or was it one handbook for everyone?

A One handbook for everybody.

Q Okay. And are you familiar with that handbook?

A I am.

Q How so?

A I'm sorry?

Q How -- how are you familiar with the handbook?

A Oh, I -- I checked it to make sure we were in compliance when rules changed. I made sure we had all the appropriate information that we needed for the employees.

Q Okay. I'd like to show you a document that's been marked as Employer Exhibit 5. Allen, I am showing you a document, 32 pages.

A This is the handbook we're referring to.

Q Okay. And this says revised September 2020 --

A Yes.

Q -- is that correct?

A That is correct.

Q And did you have any responsibilities in revising this handbook?

A I did. That revision in 2020 was as a result of the New York State's paid safe sick leave. Part of the April 2020 budget included some rules to provide extra PTO time for employees due to COVID. So that revision was a change to the levels of co -- or PTO accrual.

Q Okay. Speaking of PTO, let me just jump forward to page 20, which I believe is the start of the PTO benefit. Do you see that?

A Yes, I do.

Q Okay. Can you tell us how PTO worked for the company in terms of who was eligible for PTO or whether there were any differences across the locations?

A There were no differences across locations. It was based on you being a full-time employee, and those are the number of hours you accrued based on your service time. That was an annual accrual.

So for instance, that -- that people who were full-time employees who were here for zero to 12 months received 56 hours. So if you divided that by the 52 pay periods, because we're on a weekly payroll, you'd get just over -- you know, just over an hour every pay period as your accrual.

UNIDENTIFIED SPEAKER: Oh, hang on. Okay. All right.

Sorry, I have to go back on that meeting.

MR. STANEVICH: Thank you, Michael.

Q BY MR. STANEVICH: Let me just move to another section of the handbook, section 4.0. What is this section of the handbook?

A This is the standards of conduct. It is a list, not an exhaustive list, of types of behaviors that would result in disciplinary action for an employee.

Q Okay. And who did this apply to?

A This applied to all employees at MVA.

Q And working backwards, I'd like to bring you to section 2.8 which covers holiday commitment at VSES. And we heard a lot of testimony about the holiday commitment over the last two days. But are you familiar with any such commitment?

A I am familiar with that commitment. When I was -- when I was initially onboarded, I did do a circuit with our talent acquisition specialist and learned that at MVA, all animal care assistants, LVTs, CSRs did have that holiday equip -- holiday requirement at VSES.

Q And what was the purpose of that, that annual holiday commitment?

A Just to assure staffing that we -- to ensure we had proper staffing on those days of the year.

Q Okay. And within this section 2.8, it does state that orientation and training is required before moving to VSES.

Was that in fact provided?
A Yes, it was. That orientation is a little bit different than the, like, onboarding orientation when you first come to the organization. That was in an orientation to the facility so that people knew where everything was and the workloads, and just, you know, where you're going to be standing.
Q And then I see the next section 2.9 covers transfers. Again, we're talking about, you know, pre-Pathway. Did employees have the ability to transfer within the organization or were they limited to their particular silo, whatever facility they were working at?
A No, they had the ability to transfer to any open positions. Being that it was an internal position, we like the supervisors to be made aware that the employee was looking for a transfer just so there wasn't a surprise. Candidates were interviewed. And if one of the internals was a successful candidate, we would coordinate the date of the actual transfer just to make sure that -- that both sides had their operational needs covered.
Q Okay. What do you mean by that? Why would we coordinate -- I mean, which sides are you talking about when you say, "both sides"?
A Well, so there's -- there's kind of a to and a from. The hospital, you're coming from and the one you're going to. And of course, there's -- you know, obviously the job -- the

hospital that has an opening needs someone, but we did not want to rob Peter to pay Paul and -- and create an operational gain point at one hospital just to move one employee over. So sometimes we would delay the transfer until we had sufficient staffing where it wasn't going to totally disrupt the operations of the losing -- losing hospital.

Q Okay. So what was the process someone would follow if they wanted to apply for a transfer?

A So they first would have to tell the supervisor that they were looking for a transfer, and then they would apply, whether it be internal with a resume or through ADP, which was our -- that's our Legacy HR information system.

Q Here on the bottom of page 7 it does mention that employees who are interested should request an internal application from HR. Did that process exist or was it a little bit different or did it change over time?

A ADP was a relatively -- the recruitment module in ADP was fairly new, not as robust as we wanted, so a lot of times -- or strike that.

There wasn't a specific form that was completed after we were using ADP.

MR. STANEVICH: I would move Employer Exhibit 5 into evidence at this time.

MR. HALLER: 5? No objection.

HEARING OFFICER DAHLEIMER: Employer 5 is received into

evidence.

(Employer Exhibit Number 5 Received into Evidence)

Q BY MR. STANEVICH: Allen, I want to talk to you a little bit about compensation, and I know we're part of a new system, but can you give us an overview of how compensation adjustments are normally made? And if you can focus more on the employees that are at issue in this proceeding, such as animal care attendants, CSRs, LVTs. I think that's the majority of the titles.

If you can walk us through your experience in how compensation is set and adjusted on a periodic basis.

A It's on a periodic basis. We will look at the compensation rate. If the rate -- if we feel that the rates are noncompetitive with the market for -- the New York State's minimum wage has jumped significantly over the last few years -- we will modify the start rate for positions in order to remain competitive, recruitment retention purposes as well.

We'll establish a base rate for any position, and then increase a person's compensation based on the experience that they have, whether it's internal to MVA or within MVA. So a base rate and then a wage curve off of that with increasing pay for increasing experience.

Q And a few times you referenced "we". Who -- who are you referring to, Allen?

A We, me and the -- with MVA, it was myself and the COO.

Q Okay. And the two of you were the folks who determined what the base hourly rate would be?

A Correct. We would figure out what the base hourly rate would be and then kind of work into how much is it going to cost based on different models that we create on the wage curve.

Q And was there any standardization of the base hourly rates for the titles that we referenced?

A Yes. So the kennel staff started minimum wage. They pretty much run on minimum wage at the start. The most recent adjustment to the wage scales was in November of '20 where the ACAs and CSRs, their start rate was 14.25. And for the LVTs, the start rate was $18 per hour. Those are all per hour numbers.

Q And if I understand you correctly, is that -- is that the minimum start rate for the positions?

A That is the minimum start rate for the positions, that's correct.

Q And who developed those minimum start rate?

A Myself in conjunction with the COO and the controller of the organization.

Q And how would those -- how would those rates be adjusted, dependent on someone's experience and/or performance, if at all?

A So for -- so a base rate, the first thing we looked at was

prior experience. We want to reward what we value. So I -- I physically pulled files to establish what experience people had, both before and after joining MVA. I basically plotted them on a curve and then plotted them, and then made the adjustment to wherever the curve said we were. It's a very mathematical calculation.

After that, we would look at performance from the previous performance evaluation and then adjust up or down based on stellar or performance that had something to be desired.

Q Okay. And in terms of the evaluation process, have you been involved in that process itself in terms of how employees are evaluated and how it's recorded?

A Yes. So prior to 20 -- prior to 2019, there were 81 different performance evaluations. They were based on the title that the person was in. Minor differences between them, but still many, many different evaluation tools.

In 2019, we standardized it so that there was an evaluation tool for individual contributors, one for supervisors, one for DVMs, and then one for supervising DVMs. So we reduced the very large number to four.

Q And again, you say "we". Who are you referring to?

A That was myself and the director of HR.

Q Okay. And are those the job evaluations that are still -- forms that are still being used today?

A Yes, they are.

Q I'd like to show you a document that's been marked as Exhibit 19.

MR. STANEVICH: I'm sorry, I thought I was -- I didn't realize I was still sharing my screen.

HEARING OFFICER DAHLEIMER: Oh, you weren't. Now you are.

MR. STANEVICH: Okay.

Q BY MR. STANEVICH: Allen, I'm showing you a nine-page document. I can just quickly scroll through. Do you recognize this particular document?

A I do. This is the performance evaluation form or individual contributors.

Q Okay. And is this the form that you referenced earlier in your testimony?

A That -- yes, it is.

Q And what do you mean by "individual contributor"?

A So individual contributors are people that do not have anybody reporting to them and are not DVMs. So that's kind of the big cut. You either -- you're an individual contributor. If you have anyone reporting to you, you're a supervisor. And if you're a DVM, you obviously get one of the DVM evaluations.

Q So our --

A When --

Q So our CSRs, LVTs, ACAs, what evaluation would they be covered by?

A They would get the individual contributor performance

evaluation.

MR. STANEVICH: I would move Exhibit 19 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 19 is received into evidence.

(Employer Exhibit Number 19 Received into Evidence)

Q BY MR. STANEVICH: Allen, I'm going to show you a document that has been marked as Employer 18. It's a ten-page document. I'll just scroll through it again.

HEARING OFFICER DAHLEIMER: I'm sorry to interrupt, Mr. Stanevich. It's -- the document at the top of the page says 17. Did you mean 17 or is it 18?

MR. STANEVICH: I meant 17. Thank you, Michael.

Q BY MR. STANEVICH: Allen, do you recognize this particular document?

A I do. This is the supervisor performance evaluation. So this is -- this is given to anyone who had people reporting to them and is not a DVM.

Q So would this cover, for example, a customer service representative supervisor?

A Yes, it would.

Q Would it cover an LVT supervisor?

A Yes, it would.

Q Okay.

MR. STANEVICH: I would move Employer 17 into evidence.

MR. HALLER: I don't want to belabor the issue, but this is a supervisor evaluation. Why is this relevant?

MR. STANEVICH: It shows consistency integration across -- across the network.

MR. HALLER: You've already put in evidence of that. I object to this document.

HEARING OFFICER DAHLEIMER: I'm going to let the Regional Director determine what is and is not relevant. I'm going to overrule the objection and receive this into evidence.

(Employer Exhibit Number 17 Received into Evidence)

Q BY MR. STANEVICH: Allen, to move things along, I'm not going to share the DVM performance evaluations with you, but can you just explain to us whether they're the same across the system or whether they differ dependent on location or experience?

A They're -- they're the same across the system. All four evaluations are used at VSES, general practices, crematorium, and lab.

Q Going back to compensation for a moment, is there any merit-based component to compensation adjustment?

A There is a merit-based component to it. Typically, it's backed into after we do the market adjustment for any unusual changes in the start rates and then appropriate spacing for a compensable wage profile. We would then look at the -- the results or the ratings of all the employees for the other

monies that we had set aside for increases for --
Q So --
A -- wages for the year.
Q -- this analysis where you look at the labor budget, experience, and performance rating, is that left up to the practice managers or is there a central review of that process?
A That is centralized. It's all created and put together. There is a review at the practice level just to make sure that -- that all the data had transferred properly.
Q During COVID, were there any furloughs or reduction in force of staff at -- within the Monroe system?
A During COVID, we had approximately 70 employees that were furloughed for, you know, days or months depending on the work flow and the availability of work. There were also a number of people -- I do not have that exact number -- whose hours were reduced as opposed to being furloughed.
Q And was there any reassignment of staff in order to provide employment to employees from, say, one location to another location?
A Yes, there was. There was reassignment of some staff to alternate locations.
Q And can you just give us an example or two of how that works?
A Well, so there were -- there were a couple areas where we may have had someone from kennels at one hospital that was

available and able to work and another hospital where all of the kennel people were furloughed.

At the beginning of COVID, we allowed people to self-quarantine. There was so much uncertainty about it, so we furloughed them. We maintained their benefits and then we filled spaces as we were able to match people who were willing to work and openings that we had.

Q You mentioned your current position is senior operations partner?

A Senior's people operations partner.

Q Senior's people operations partner, thank you. And you've been in that position for how long?

A Since May 15th.

Q Okay. Is there -- at this point in time, are there -- well, where are you physically located?

A I'm physically located in the same office I held before at the administration building on White Spruce Boulevard.

Q Okay. Are there any other HR personnel on site in the greater Rochester area?

A There are not.

Q Okay. To whom do you report to?

A I report to Artie Odoms, who is the eastern region director of people operations partners or people's operations.

Q Okay.

A And Artie reports to Tracey Shields, who is the

vice-president of people operations for Pathway, and she reports to Andrea Clayton, who is the chief people officer.

Q Okay. So are you the sole point of on-site HR contact for the organization at this point?

A Yes, I am.

Q Okay. And so walk us through your responsibilities as they exist as part of the Pathway organization. And I understand a lot may be the same, some things may have changed. So just maybe let us know what's new and what's different.

A So I'm still the first point of contact for HR concerns. Obviously, it's a large organization. There are -- there are specialty groups similar to a center of excellence system where there's a benefits group, a lead administration group, and compensation group. So I am the single part -- the first point of contact. If I cannot answer the question, or it requires a -- a response by someone whose more expert than myself in -- in the subject area, I would ask the question, and then respond to the initial person who asked the question of me. In some cases, I will do a hand off with someone that's a subject matter expert or can answer, you know, odd questions that I may not have the -- the experience with. Boards frankly the -- the ability to make the decision at -- at the level I am.

Q And -- and based upon your testimony, I -- I assume you still provide HR services to VSES; is that correct?

A That's correct. VSES, general practices, lab and

crematorium.

Q Okay. One -- one of the things that we haven't talked about yet is your involvement in discipline, or I believe what we call corrective action in -- in most places these days. What was your involvement while with the Monroe system, and -- and what is your involvement now?

A My involvement is the same as it was prior to for the employer relations issues. In those cases where I may have had to ask the COO, you know, for a -- for a second thought, or a difference of opinion, I would do that with -- with my immediate supervisor. Now Artie.

Q Okay. Are there any standard forms that are used within the organization when it comes to corrective action or discipline?

A There is a -- a standard corrective action form that is used for verbal and written warnings.

Q I'd like to show you a document that's been marked as Employer 15. Allen, I'm showing you a two-page document that's part of a corrective action form in the upper left-hand corner. Let me just scroll through. Can you tell us what this is; if you know?

A That is the form that we use to document corrective actions for all employees.

Q And when you say all employees, which -- which locations are you referring to?

A All locations. VSES, general practices, crematorium, lab.
Q Okay. And is this form currently in use?
A Yes, it is.
Q And you have used it in multiple locations?
A Yes, I have.
MR. STANEVICH: I'd move Employer 15 into evidence.
MR. HALLER: No objection.
HEARING OFFICER DAHLHEIMER: Employer 15 is received into evidence.
(Employer Exhibit Number 15 Received into Evidence)
Q BY MR. STANEVICH: We talked a little bit about the Monroe handbook that was in place. Is -- is there a Pathway handbook that is in place at this point in time?
A Yes. Pathway does have a handbook.
Q Okay. And does that -- a Path -- I'm sorry, does that handbook apply to the locations in the Greater Rochester Area?
A Yes, that applies to all general practices, VSES, the lab and the crematorium.
Q And are you familiar with that handbook?
A I am.
Q Are there any supplements to that handbook?
A There's a New York State supplement.
Q I'd like to show you -- let me find it first. The document that's been marked as Employer Exhibit 6.
A I don't have it yet. There it goes.

Q I am showing you a 63-page document titled employee handbook, the upper right-hand corner. We see Pathway down at the bottom left-hand corner. Are you familiar with this document?

A Yes, I am.

Q And is this the handbook that you just referenced?

A Yes, it is.

MR. STANEVICH: Okay. I'd move this document to evidence as Employer 6.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer 6 is received into evidence.

(Employer Exhibit Number 6 Received into Evidence)

Q BY MR. STANEVICH: Allen, I am showing you Employer Exhibit 7 for ID purposes. It's a six-page document entitled Employee Handbook, State Supplement, New York. Is this the state supplement you referenced a moment ago in your testimony?

A Yes, it is.

MR. STANEVICH: Okay. I would move Employer 7 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer 7 is received.

(Employer Exhibit Number 7 Received into Evidence)

Q BY MR. STANEVICH: Allen, we -- we chatted about health insurance benefits, and when you were part of the Monroe

system. Are -- are there -- do they continue to be insurance plans available to employees now that they are part of the Pathway system?

A Yes, there are.

Q And are -- are plans that are available, are they different dependent on whether someone's at VSES, or a particular practice?

A No. Everyone has the same menu of benefits to choose from no matter where they work. VSES, general practice, crematorium, or lab.

Q Does it depend on whether someone is part-time or full-time?

A Yes.

Q And what do you mean by that; there's separate plans?

A There -- there's certain benefits that are different. The Pet Benefit you have to have a minimum of 20 hours.

Q I'll show you a document that's been marked as Employer **13**. I'm showing you a 38-page document. 2021 benefits guide. Do you recognize this document?

A Yes, I do.

Q And what is this document?

A This is the more detailed description of the benefits that Pathway offers.

Q Okay, and -- and for full-time employees?

A Correct.

MR. STANEVICH: Okay. I would move Employer 13 into evidence?

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer 13 is received.

(Employer Exhibit Number 13 Received into Evidence)

Q BY MR. STANEVICH: And one more document before change -- switching gears here. Let me show you Employer 14 for ID. A 12-page document. Do you recognize this document, Allen?

A Yes, I do. That is the part-time benefits guide. The benefits offered to part-time staff.

Q Okay. And again, it applies to all employees in the Rochester area?

A That is correct.

Q All part-time employees?

A Yes, sorry.

MR. STANEVICH: Okay. I'd move 14 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer 14 is received.

(Employer Exhibit Number 14 Received into Evidence)

Q BY MR. STANEVICH: Allen, just quickly. I know the parties said to move things along, reach the stipulation to move a number of job descriptions into evidence. I just want to quickly ask you. Are you familiar with the job descriptions that are currently in place?

A Yes, I am.

Q And how so?
A Some I just reviewed to make sure their compliant with any regulatory changes. Some I have assisted in drafting to make sure that -- you know, things are lined correctly that -- that the minimum requirements are truly minimum requirements. That we're not, you know, preferring things that are well beyond the scope of what that position should have. Just so that we can recruit -- recruit properly.
Q And are there sometimes separate job descriptions for positions at VSES, and the general practices?
A There are some, yes.
Q And why -- why is that the case?
A Sometimes it's the amount of time that an employee is expected to spend in a given position. We'll -- I mean, LVTs is probably the -- the easiest one to look at, where in the practices, the general practices, they're -- they're generalist type positions. Because in the practices they perform, you know, all the same things. You have the surgery, you have the preventative care, you have the patient counseling or client counseling, and then at VSES you may have a different job description if an LVT is going to be expected to spend more time in one area than the others. So you may see one for surgery, because most of their time is in the surgical area. But they are still LVTs performing LVT functions.
Q Okay. Similar question. I -- I know we have a job

description for a hospital assistant at VSES. Do we have a similar job description for that type of work at the general practices?

A No. The hospital assistant is a VSES position, because the kennel is the kennel assistant at the other hospitals where there are kennels, and you don't see hospital assistants, you know, where there's not kennels -- or where there's kennels.

Q Okay. And -- and likewise, I -- I -- noted that there is an exhibit covering environmental services technician at VSES. But I didn't see a job description for that type of work at the general practices. Who -- what -- why is that the case?

A We don't have any environmental services technicians who's home department is at any of the other practices or locations.

Q All right. And who performs that work elsewhere?

A That's kennels -- kennel -- kennel assistants.

Q And what kind of work are we referring to?

A Cleaning cages, garbage, sweeping, mopping, making sure things are in order. Maybe some minor inventory, like nonmeds. Some -- some restraints possibly, with the animals.

Q Okay. And it appears that there's only one job description for, say, a supervisor of an LVT, or a supervisor of a customer service representative; why is that the case?

A Because regardless of whatever modality a person is in, the LVT supervisor is responsible for the -- the performance of the LVTs, the execution of their duties, and the scheduling.

Q Commonly, how does recruitment work for open positions within the greater Rochester cluster of locations?
A So it's the same as with all Pathway locations. There's a software system called Jobvite where open positions are posted there. Those are up on Indeed, where the community can see them. And then positions are also on the Pathway website for people to apply to.
Q So if someone internally wants to apply for a job, what options exist?
A Similar to what we did in the past. You know, we would always want them to tell their supervisor that they're -- they're looking for an internal transfer. They could send a resume to the hiring manager. A lot of times people will know who the hiring manager is at whatever the other facility might be, and you know, at some point they will have to apply through Jobvite.
Q And why would our very own employees have to apply through Jobvite?
A There's a number of reasons, but we would want to just make sure that -- that proves that the position was posted and that the people were -- were in the mix for -- for consideration.
Q So there's some compliance considerations?
A Yes.
Q Earlier today, there were some questions of Brandon about

supervisors, and nonbargaining unit employees picking up shifts at other locations. Were you in attendance for that testimony?

A Yes, I was.

Q Okay. And do you have any knowledge of what type of work supervisors do when they pick up shifts at other locations?

A When supervisors pick up shifts at other locations, it's not as supervisors. They are picking up the work of ACAs, or CSRs, or LVTs. Typically (indiscernible, simultaneous speech) are LVTs.

Q And Allen, you're in H.R. How do you know that's the case?

A I've physically seen them. And I have asked the question, you know, like I thought it was odd originally when I first came aboard. Just say, hey, what's a supervisor doing over there (audio interference) at this hospital? And it's, no, they're in fact filling open shifts that are available to anyone who has the ability to do the work.

Q Okay. We've heard testimony -- oh, actually before we get there. Earlier in your testimony, you mentioned workers' comp when you were with Monroe. Tell us a little bit about workers' comp now as part of the Pathways system.

A So like it was with Monroe, we have a third-party administrator for workers' comp. In this case we use CNA with Pathway. So if someone is injured at work, there's an incident report that gets completed and sent to CNA for proper

administration, in line with workers' comp guidelines.
Q Okay. And does that process differ depending on whether someone works at VSES or a GP location?
A No. There's absolutely no difference. It's the same TPA, it's the same form, whether you're in VSES, general practice, crematorium, or lab.
Q Allen, earlier today, we -- we did hear some testimony from Brandon regarding employee transfers, and the situations where employees may pick up a shift. Where you present for that testimony?
A Yes, I was.
Q Okay. And did you perform a similar analysis for any time period?
A Yes, I did. I performed a similar analysis from the ADP system from January 1st, 2019 through May 14th, 2021.
Q And can you explain to us why you looked at that particular time period? Why did you go all the way back Jan 1, 2019; and why did you stop on May 14th?
A I wanted to get a good representative sample of the movement of the employees, both before and during COVID.
Q And what type of data did you have to review? I know you mentioned ADP but what did you review within ADP?
A So specifically, I reviewed payroll data, where the person's home department was, and where they were paid from.
Q And -- before I share some documents with you, can you

just give us an overview of the type of information you were able to obtain regarding one -- well, let's start with employee transfers, and then we'll go to the other section.

A So for employee transfers, our process was to change the employee's home hos (phonetic throughout) center at the time of a transfer. So the pay -- the information that I received -- or the information I had was every employee, every payroll they worked. It listed their home department. And where there were changes in the home department, that would be an indication of a permanent transfer.

Q Okay. And did you prepare any reports or backup information?

A I did.

Q Okay. I'd like to show you a document that's been marked as Employer 8 for identification purposes. Allen, I am showing you a -- let me just shrink the size a little bit, a one-page document that has two tables on it. One on the left, one on the right. Can you explain to us -- well first, you're familiar with this document?

A Yes, I am.

Q Is this the report that you put together regarding transfers?

A Yes, it is.

Q Okay. Tell us what this document is, and how we would read it.

A This is a summary document of all the instances where an employee was permanently transferred from one facility to another facility. The time period is 1/1/19 through 5/14/21. It's broken up into two separate tables to illustrate the movement to and from VSES. And the one on the right is to illustrate the movement from -- basically to and from anything that didn't include VSES.

Q All right. So let's start with the one on the left. And we'll go through some backup data in a moment, but I want to make sure I'm reading this correctly.

So if we look at the one on the left, and we go to, say, halfway down. It says Fairview and VSES, then 6. What does that mean; which way are the employees moving between locations?

A The information I had without more dif -- without a different analysis, that 6 just represents that in that time period, there were six employees who worked at both VSES and Fairview as their home department, which indicates there were six times employees transferred.

Q Okay. And so on the left-hand side, these are all the situations that involved the transfer to or from VSES; is that fair to say?

A That is correct.

Q Okay. And then, on the right-hand side, what is different here, if anything?

A VSES is not part of that equation. So this is showing the entered general practice transfer activity.
Q All right. Let me just switch over to Employer Exhibit 9 for a moment. Okay. Allen, do you see this document on the screen with four columns?
A I've got no document, Jason.
Q I have to click the share button. I'm sorry.
A There you go.
Q One of these years. Okay. What is this document; and how does it relate to the Employer Exhibit 8, if at all?
A So this is the backup data for Employer Exhibit 8 where it shows the -- for example, we'll just along the first line. Administration in AHOP. That's our Pittsford location, AHOP. So on that summary document, you'll see a 2. These are the two employees where we had those transfers, and the titles that they were last in.
Q All right. Let me just -- so let's move down to line 31. It says AHOP and VSES.
A Yep.
Q This would then show four employees who moved between those two locations?
A That's correct.
Q And then it would show what their titles were?
A Yes, sir.
Q Okay. And then, this line at 35, that would just provide

the total number; is that fair to say?
A That is fair to say.
Q Okay. And likewise, if we go to row 69, this would show the employees that moved between Fairview and VSES, correct?
A Right.
Q There appears to be six -- six employees?
A Correct. That's those same six employees we discussed when we looked at the last exhibit.
Q Okay. Then line 75 shows that total six, correct?
A Correct.
Q Okay. And on this document, it does demonstrate -- it does list some employees who may not be part of the petitioned-for unit, such as hospital trainer, leader development, and training assistant, and maybe a couple -- couple other titles. Why -- why did you include the positions that you did?
A Those are all full-time or part-time hourly staff. It --
Q Okay. And -- and does this include -- it doesn't look like it, but does this transfer document show that Marion's (phonetic throughout) at all?
A No, it doesn't.
Q Does it show supervisors at all?
A You'd have to scroll down just to make sure there weren't anything in there. But it should not.
Q Okay. So if I understand correctly, you just tried to capture the transfer of hourly employees?

A That's correct.

MR. STANEVICH: Okay. I would move Employer Exhibit 8 and 9 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 8 and 9 are received into evidence.

(Employer Exhibit Numbers 8 and 9 Received into Evidence)

Q BY MR. STANEVICH: Just going to go back to Employer 8 for a moment. Allen, so it appears that if we -- I'm reading this correctly, there were 39 transfers between a GP and VSES, or the other way, within that two-plus year time period?

A That's correct.

Q And then -- then within the GP to GP, there were 33 transfers -- permanent transfers?

A That is correct.

Q Okay. Thank you. And did you perform a similar analysis to show the -- to show situations where employees may have picked up a shift or -- or time at a location other than their home location?

A Yeah. Using -- using the same data set which was every employee, every pay period, it would show if they were paid from a department other than their home.

Q Okay. In order to be paid from a department other than -- than from their home, did they have to physically work at that alternative location?

A Yes. They would have picked up a shift, at least a shift at that other location. Or, I should say, hours.
Q And were you able to access the same level of data as Brandon was able to show earlier?
A No, I wasn't. The data that Brandon showed was a breakdown of the actual shifts and times. What I have is based on a weekly payroll, where if somebody showed up as being paid from a different account, that could have been one hour or it could have been 40 hours. Those are the instances of being paid versus actual shifts.
Q Okay. And why weren't you able to access the same level of data as Brandon?
A The Legacy system, it -- it doesn't have that capability to what I had access to.
Q Okay. I would like to show you a document that's been marked as Employer Exhibit 10. Let's start here, and then we'll get into some of the backup data. So Allen, I'm not sharing my screen. I've got to get used to this before we end for the day.
I'm showing you a three-page document that appears to have three tables embedded with the document. Do you recognize this?
A I do. This is the summary data of what I just briefly described.
Q All right. Can you explain to us what the first table on

the left represents?
A So the first table on the left, as the title is nonVSES employees working at VSES, there were 950 instances where an employee who's home department was not at VSES was paid at VSES, which means they picked up time at VSES.
Q So for example, let's skip over administration, since they're excluded. But AHOP, The Animal Hospital of Pittsford. So at least on 110 occasions within this time period, an employee worked at VSES, am I reading -- do I understand that correctly?
A You are reading that correctly.
Q Okay.
A That was times they were paid.
Q Times they were paid. So this could have been -- well, tell us what you mean by that. I -- I --
A It -- it just showed up in the weekly payroll. So it could have been one hour. It could have been 40 hours or more, any number of hours.
Q Okay. The middle table, what -- what is that?
A The middle table is similar to the first table, in that this is VSES employees working at other hospitals. So the corollary to what we just looked at, with that 110, would be 51. So there were 51 instances where VSES employees picked up time at AHOP.
Q Okay. And then the third column -- the third table, which

goes on to two additional pages.
A Yeah. The -- the third table is all the -- similar to that other report that we looked at. All the other activity that didn't involve VSES.
Q So for example, if we wanted to see the number of times a Bayview employee worked at the Animal Hospital of Pittsford, this would be listed here as -- these 15 instances?
A Correct. 15 instances of an employee picking up time at Animal Hospital of Pittsford.
Q Okay. And I see that the total number is, you know, a little bit under 3,000?
A Correct.
Q All right. But there seems to be a very large number of Pittsford employees picking up shifts at this one location. Can you explain to us what this 1402 number is?
A So that's Animal Hospital of Pittsford employees picking up shifts at the Urgent Care at Animal Hospital of Pittsford. That is a separate line of business. The -- the preference is that we staff it with people from AHOP. But there are instances where people from outside of AHOP do pick up shifts there as well.
Q Okay. And on that point, for example, Bayview employees have picked up shifts there, correct?
A That's correct.
Q Canandaigua?

A Yes.
Q Chili? I just -- I just like to say that word.
A You like -- because you can say it now, yes.
Q Yeah. We'll get there on your last name.
Okay. All right. Let's go to the backup data, so we can maybe see this in a little bit more detail. Okay. I'm going to show you a document that's been marked as Employer Exhibit 11. It's a four-page document. Let me close out and bring it back up. Okay. Allen, let me -- four-page document. Let me just scroll through. And you -- are you familiar with this document?
A I am. That's -- that's the backup to the report that we just looked at.
Q Okay. And is it the -- how would we read this?
A So very similar to the things in the past. So line 3 are the people at -- do you want me to talk about administration?
Q Well let's -- let's go through a different example. Maybe let's go through AHOP at VSES.
A Okay. So starting at line 9, we had 21 instances where an animal care assistant from AHOP worked at VSES -- animal care assistant I. Two occasions where an animal care assistant II worked at VSES from AHOP, and I can -- so on and so forth. Or you know, just go through the rest. Client service rep supervisor, 5 instances from AHOP working at VSES.
Q And then line 20 would show the total number of instances

at 110?

A That's correct.

Q And that would relate back to the first chart on Employer Exhibit 10, correct?

A That's correct.

Q Okay. And then, let me just scroll through this document. So let -- just go through one more example. Perinton employee at -- at line 87, Perinton employee at VSES/

A Yep.

Q And just walk us through how we would read this.

A So in this case, for the period of time we looked at, there were 19 instances of an animal care assistant I working at VSES, whose home department was Perinton. 17 instances of an ACA II, whose home department was Perinton working at VSES. Animal care assistant supervisor, seven instances, working at VSES from Perinton. The client service rep, supervisor, 44 instances from Perinton working at VSES. 35 instances of a client service representative working at VSES, whose home department was Perinton. Hospital manager, picking up shifts from -- who worked at Perinton, working at VSES. 11 instances where a licensed veterinary technician picked up shifts at VSES, whose home department was Perinton. And three instances of an LVT supervisor picking up shifts at VSES, who worked at Perinton as the home department.

Q And for a total of 140?

A That's correct.
Q And that 140 number would be seen in the first table on Employer Exhibit 10, correct?
A Yes, they would.
Q Okay. Just a question for you, point of clarification. In this particular document, you listed supervisors --
A Uh-huh.
Q -- that pick up shifts at other locations. Why -- why did you do so?
A When they pick up shifts at the VSES, they work in positions like CSR and LVT. They are not there acting as supervisors.
Q Okay. I'm going to scroll down a little bit further. And then at line 114, it says total picking up shifts at VSES 950. So this would be the total number that we see at the bottom of the left-hand chart on Exhibit 10, correct?
A Correct.
Q Okay. Then the rest of the documents, what is -- what is that?
A The rest of the documents are those other -- so the next section of the document are VSES employees working at other locations.
Q Okay. So let's go through an example here. Let's take a look at Suburban, 159. Can you just walk us through that particular entry and what follows?

A So this is where VSES employee is -- whose home department has worked at other -- other locations. In this case an animal care assistant II, on five occasions, from VSES worked at Suburban. Environmental service technician picked up shifts at Suburban from VSES. There's an environmental services team lead, who on two occasions, picked up shifts at Suburban, whose home department was VSES. Similar -- similarly, a licensed veterinary tech who's home department was VSES, worked at Suburban, for a total of 124 instances of an employee whose home department was VSES, picking up hours at Suburban.

A Now Allen, earlier in your testimony, you mentioned to us that we only have the environmental service tech title at VSES. What type of work would a VSES employee pick up at a general practice location?

A Similar to what the kennel people would do. It would be -- it would be cleaning, dusting, mopping, cages.

Q Okay. And then this 530 number on line 169, that would tie back to the total number for the middle chart on --

A That -- that is correct.

Q Exhibit 10, I'm sorry. Is that correct?

A That's correct.

Q All right. Sorry, I knew that -- that chime was throwing us off.

Now a question for you. You testified you were -- you were present for Brandon's testimony before. And I think there

was testimony that there was only one or two times someone has picked up a shift outside of VSES, if their home location was VSES over the past couple of months. Your data shows that this happened 500 -- at least 530 times in the two-year period prior. Any understanding why there's been a drop off in terms of VSES employees picking up shifts at the general practices?

A Yes. Patient -- patient volumes are way up. And you combine that with staffing openings that are higher than has been traditional.

Q And so if there are other extra shifts available at VSES?

A Yeah. So -- so VSES employees don't have to look beyond the walls of VSES if they want to pick up extra shifts. There -- in the -- in the recent past, there are always opportunities to get more hours at the home location versus having to look at outside.

Q Okay.

MR. STANEVICH: I would move Employer Exhibit -- actually, not yet. One second.

Q BY MR. STANEVICH: I'd like to share Employer Exhibit 12 with you. Okay. Last spreadsheet, I promise, Allen.

A Okay.

Q What is this document, and how does it relate to any of the evidence we've reviewed already?

A This is the same format as the previous documents, where it is listing employees who are working shifts at locations

other than their home department, where VSES is not in the equation.

Q Okay. So for example, if we look at line 22, this would show employees from the Animal Hospital of Pittsford, who picked up shifts at Animal Rehab, correct?

A That is correct.

Q And we would have 23 times an animal care assistant worked at that location, and then so on, and so on. And then line 25 would show 49 total occasions -- or instances; is that correct?

A That's correct.

Q Okay. And then if we scroll through. This 1,402 number just explain that to us again, and then how it relates back to the underlying -- the earlier document?

A So that's -- that's -- that large number where two different lines of businesses. There's -- there's AHOP, and there's the Urgent Care at AHOP. The preference is always to have AHOP employees staff that. Same hospital, same location. Familiarity with it. And picking up shifts at the Urgent Care. So if you understand the rest of what we've gone over, it's -- it's very similar. But that would be why that's such a large number.

Q Okay. And this number at the bottom, 2,768, that is -- comports with the total number that we see on the right-hand chart for Employer 10, correct?

A That's correct.

Q Okay.

MR. STANEVICH: I would move Employer Exhibit 10, 11, and 12 into evidence at this time.

MR. HALLER: No objection.

MR. STANEVICH: If we can just take a -- a short five-minute break? I just want to make sure that I've covered --

HEARING OFFICER DAHLEIMER: Just one second please. And so these are all -- I receive, 10, 11, and 12.

(Employer Exhibit Numbers 10, 11 and 12 Received into Evidence)

HEARING OFFICER DAHLEIMER: One point of clarification. And this is probably just something I missed. I don't think you failed to mention it. The Employer Exhibit 10, 11, and 12. what time period are those from? Are they from the January 1st, 2019 to present -- or to May 14th, '21 as well?

THE WITNESS: That's correct.

HEARING OFFICER DAHLEIMER: Okay.

THE WITNESS: It's all the same time period.

HEARING OFFICER DAHLEIMER: Okay. That was my only clarification. Sorry, Jason. Go ahead.

MR. STANEVICH: No, My -- my apologies, Michael. If we can just take a short five-minute break. I just want to make sure that I covered the exhibits that I needed to. But I -- I may have no further questions for Allen. I just want to confirm before I -- I turn it over to Mr. Haller.

HEARING OFFICER DAHLEIMER: Sure. We will be in recess

until 2:50.

(Off the record at 2:50 p.m.)

HEARING OFFICER DAHLEIMER: Okay, Mr. Stanevich, still your witness.

MR. STANEVICH: Okay. Well, just one additional document to review that I want to circulate to everyone in a moment.

RESUMED DIRECT EXAMINATION

Q BY MR. STANEVICH: Allen, you mentioned before that there are a number of openings at VSES, correct?

A Correct.

Q And at this time, are you aware of approximately how many openings there are?

A It's currently 15 or 16.

Q Okay. And how many positions do we currently have at VSES?

A Oh it's -- including DVMs?

Q Not including DVMs.

A Approximately 140, 150.

Q So approximately, and I think we could all do the math, about 10 percent of the positions are open?

A Correct.

Q Okay. I'd like to show you a document that we've asked to be marked as Employer Exhibit 85. Do you recognize this document?

A I do. This is a listing of all open positions. Can you

scroll -- oh never mind, column G.

Q All right, so just tell us --

A But --

Q -- how we can -- let's just go through the columns. I know this is a big document, hard to read, so let me zoom in for the sake of everyone's eyes, including my own. So if you can just walk us through the different columns here.

A So this is a list of the open positions, requisition I.D., it's just the identifier for the position. Column B is the job title for the position. Go to column D. We have the same recruiter throughout Pathway for the Monroe Group. So that includes VSES, general practices, lab, and crematorium. Column E is the hiring manager, the manager or supervisor that is -- is actually responsible for the hire. Status requisition, this is an open list, so that's just going say open throughout.

The next one is the location for the position. Again, all -- all -- all of our hospitals are listed there. Column H, full time, part time; and requisition, number of requisitions. There sometimes some companies will have, like, four, they'll put a four there. I have not seen that Pathway does that. So each position is its own unique position. Each requisition represents a single unique position.

Q Now, right -- right here on column J, says requisition a number of openings, I see one, two, three. Would that mean --

A I'm sorry. I was looking at the wrong column. Yes. So

that means -- that means -- let's take the one you're on right now. If you go all the way to the left, so that's looking for a veterinary custodian. That is the kind of Pathway title in the past. That would be the environmental services employee. So this is one requisition, but there's three openings on that requisition. So when we look at number of requisitions, that's number of forms we have to hire people on. Column J is the actual number of positions that are open on that requisition, for --

Q So for -- for example, LVT, licensed veterinary tech, for the ER overnight, we scroll across, there are two positions open at this time?

A That's correct.

Q Okay.

A So again, while there's -- while there's 15 or 16 requisitions, that is not the same number of positions. So I misspoke. I apologize.

Q Okay. I'll leave the math for others. The document speaks for itself.

MR. STANEVICH: I'd move this into evidence as Employer Exhibit 85.

MR. HALLER: I'm not sure I see the relevance of this document.

MR. STANEVICH: It goes to testimony earlier today on cross-examination of why there are so few people moving from

VSES to other locations. This witness has testified, that is because there are so many job openings and vacancies at VSES right now. Folks pick up shifts at their home location instead of going elsewhere. So this just corroborates witness testimony about job vacancy, and the reason why folks do not leave VSES at this point in time.

MR. HALLER: All right. No objection.

HEARING OFFICER DAHLEIMER: Employer 85 is received.

(Employer Exhibit Number 85 Received into Evidence)

MR. STANEVICH: Well, I have no further questions for Mr. I at this time.

HEARING OFFICER DAHLEIMER: Okay. Mr. Haller, your witness.

MR. HALLER: Thank you.

CROSS-EXAMINATION

Q BY MR. HALLER: If you haven't been turning into -- if you haven't been watching the proceeding, sir, I'm Bill Haller. I'm counsel for the Union. I have a few questions for you. You testified earlier about compensation. Everybody at VSES, or at least everybody in the proposed Union bargaining unit, gets extra 75 cents per hour for working at VSES; isn't that correct?

A That's correct.

Q And if -- if an individual in that category would transfer to one of the general practices, they'd lose that 75 cents per

hour premium; isn't that correct?
A That is correct.
Q Okay. Okay. You testified earlier about, that some of the positions, such as the LVT, there's sort of a -- a general LVT job description, and then there are some more specific LVT job descriptions for some of the LVTs just at VSES, right?
A Yes.
Q That's because those LVTs at VSES perform more specialized duties than the LVTs out of the general practices; isn't that correct?
A That's not correct. (Indiscernible, simultaneous speech) --
Q Oh, but they have a separate job description?
A Because where they spend a preponderance of their time.
Q I see. But their duties are just the same?
A In those special -- in those modalities, yes.
Q But those modalities don't exist at all in general practices, do they?
A There's different features of all of those. There's surgery, there's internal medicine.
Q Isn't there more specialized internal medicine equipment and processes done at VSES than are done at the general practices?
A Yes.
Q Okay. I want to ask you questions about Exhibits 8, 9,

10, and 11, the -- the data that you put together about events and the time period, what, January 1st, 2019 through May 14th of 2021. And you -- you noted because of, I guess, the Legacy database, you weren't able to specify occasions of folks working outside their home location, except as an occasion, this could be an hour or even less, up to how many hours; we don't -- you don't know, right?

A That is correct.

Q That's just an occasion. So it -- so that material on that extra shift's work, Exhibits 10 and 11, that doesn't provide us very much information from which to determine how much work was really performed by people outside their home locations, is it?

A I have no reason to think it's any different than that -- that was represented earlier by Mr. Ritschard.

Q Okay. Well, there are more significant differences, aren't there? For example, 10 and 11 show a great number of hours. Well, specifically, I think, 260 occasions of work outside VSES performed by environmental services, while I believe the materials for the period since May 15th don't show any work outside VSES for environmental services; isn't that correct?

A I don't have both in front of me to compare.

Q All right. Well, let's -- let's see if we can find them. Hold on.

A I mean, I'm trusting your numbers but --
Q I understand that, that's why we're going to have to -- I'm going to be referring to, and if I have the competence to do so, I'll be screen sharing Employer Exhibit 78. Okay. Can you see Employer's Exhibit 78 now?
A Yes, sir.
Q Okay. Now I'm sorry, I don't have the -- the ability to manipulate this document electronically. I don't think there's any hours -- so this is -- this reflects the equivalent of your Exhibits 10 and 11. It's -- it's hours worked since May 15th of this year by Monroe Group employees outside their home location. Unless I'm mistaken, I don't think it shows any hours worked by VSES environmental services employees anywhere else.

Let me see if I can -- I don't have the ability to separate out that information. I'm just going to have to -- I'm going to scroll down through the document. So block C is where -- if somebody was in environmental services it would show up in block C there, column C?
A This is Pathway -- this is a Pathway report that today was the first that I've seen it. I can't be sure I would -- I would tend to think column D might be the one that would be more accurate.
Q Column D?
A Yeah.

Q Okay. All right, let's scroll down. All right. Now, I realize all you've had the opportunity is to watch this document I just scrolled through. But I will represent to you, I didn't see any citations of any -- any environmental services. So if that's correct, it appears there's been no environmental service work outside of VSES since May 15th of this year. Would that be your understanding as well?

A If it's not on this list, that is correct.

Q Okay. So your assumption that what happened before May 15th is consistent with the patterns of works since May 15th is incorrect, at least with regard to environmental services; isn't that correct?

A That's not an accurate representation of what I was answering.

Q Oh. Okay. Set me straight

A Well, I was answering that the -- those numbers indicated by a time paid. So in those instances where someone is paid, I have no reason to believe that it's significantly different from the instances where this report shows people being paid.

Q All right. Okay. So we've looked at column I, right, on Exhibit 78?

A I think we should look at column G and I together, but --

Q All right. Well, I'm going to make a rash assumption that I is an accurate reflection of what G -- G and H reflect. These numbers are all over the map, aren't they?

A They are. But if you look -- something, I notice that sometimes there are some smaller increments of time.
Q Okay.
A It depends if there's a meal period in between those periods of time.
Q All right. Oh, so there's two instances separated by a meal period?
A It could be. I'm looking at the dates on G and H.
Q Okay. All right. Fair enough. Okay. Okay. Let me turn back to 8 and 9 for a second, the data relating to permanent transfers. Based on earlier testimony, it's my understanding that all permanent transfers are initiated by the employee in question; is that correct?
A Yes.
Q Okay. And based on earlier testimony, as well as your testimony, it's my understanding that any employee within the Monroe Group that wants to apply for a position at another location has to apply -- has to apply and interview in the exact same manner as any outside applicant; isn't that correct?
A They would apply and interview, correct.
Q So that would apply to all of the transfers reflected in 8 and 9, Exhibits 8 and 9; is that correct?
A Are 8 and 9, the ones from the reports I generated?
Q I'm sorry. Yes, they're the ones you generated. Let me -- that's fair, I shouldn't ask you about documents that you

haven't seen.

A Oh, those I've seen.

Q Yeah. Okay. That's 8, and this is 9, right?

A I've still got 78 up on my screen.

Q Okay. You've still got 78?

A Yes, sir.

Q Okay. I'm showing my less than world class technological prowess here. For some reason my screen share, everything gets smaller. All right.

MR. HALLER: I withdraw the question. There we go.

Q BY MR. HALLER: Okay. Now let me go back to exhibit -- your Exhibits 10 and 11, that's -- those are the documents that you compiled showing the -- you know, the -- the outside nonwork -- nonhome location hours picked up. Okay. All right. So there's -- that's Exhibit 10. Now from Exhibit 11, which is more detailed information upon which 10 is based, it's -- it's clear that a -- a significant number of these occasions were performed by what we'd call nonbargaining unit people, the people that aren't going to be in either side of the universe of employees eligible to vote in a Union election; isn't that correct?

A These are hours worked -- or time worked for -- again, my understanding the petition was full-time, part-time, nonsupervisory, nonmanagerial, nonDVM, nonguard.

Q Okay.

A So -- yeah --
Q And that's the -- that's the universe you work for here?
A I'm sorry?
Q And that's the universe you were trying to capture in Exhibit 10?
A Yes, sir.
Q Okay. Let me take a look at -- okay, this -- oops, I've got to share it with you, don't I? Okay. Can you see Exhibit 11 in front of you now?
A Yes, I can.
Q Okay. And this is the more elaborate presentation of the data upon which the time was based, right?
A Correct.
Q Okay. The first job listed there, accounting and accounts payable assistant -- well, actually, the first three jobs there, they're -- nobody is contesting they belong in bargaining unit, are they -- these are nonbargaining unit jobs, aren't they?
A These are the administration building. I don't know what was stipped to with respect to exempting or not.
Q Okay. Well, I -- I'll represent to you that nobody in the administration building is going to be eligible to vote in this election. The parties had already agreed on that.
A Okay.
Q Let's go down to line 11, client service rep supervisor.

That's a supervisor, right?
A That is a supervisor. When they work at VSES, they do what I can only surmise you would consider bargaining unit work.
Q Do -- what kind of rate of pay do they get when they're doing bargaining unit work?
A The same rate of pay.
Q The regular rate of pay? Or the rate of pay that the job they're performing (Indiscernible, simultaneous speech)--
A I would have to verify that. My understanding is that it's at their regular rate of pay.
Q So they're receiving a supervisor rate of pay; is that correct?
A Yeah, if it's their regular rate of pay.
Q Okay. All right. You'll agree on this list there's a significant number of job titles listed here that say supervisor at the end, don't they?
A To fill open shifts at VSES, yes.
Q Okay. More generally, 10 and 11, the open shift data, is this encompassing people that were meeting their holiday coverage requirement, or this is -- or are these all open shifts that people voluntarily picked up?
A This is all shifts that were picked up. So the holiday required -- the holiday shifts were not filtered out.
Q So they're in there too. It's the holiday which are

mandated, plus the extra shifts which people voluntarily pick up?

A Correct.

Q Okay.

A There are some who will volunteer for the holiday as well.

Q Okay. And the holiday coverage requirement is met if you sign up for on call, whether or not they actually call you in to work, right?

A I believe so.

Q Okay. I apologize for skipping around on the exhibits, which is much sloppy, but I'm going to ask you another question about Exhibit 9. This is just a quick one. All right. Can you see Exhibit 9 in front of now?

A Yes, I can.

Q Okay, thanks. Jumping down to line 47, we just had a question about Amanda Lyons (phonetic throughout) apparently -- a patient care coordinator, who apparently, at some point transferred between Canandaigua and VSES. Do you have any idea when this happened?

A I do not.

Q Okay, but --

A (Indiscernible; simultaneous speech) --

Q -- according to your testimony, it must have been since January 1st of 2019; is that correct?

A That's correct.

Q Okay.

MR. HALLER: If you don't mind, just a moment, let me make sure I'm finished here. I have no further questions. Thank you, sir.

THE WITNESS: Okay. Thank you.

HEARING OFFICER DAHLEIMER: Mr. Stanevich, any redirect?

MR. STANEVICH: I do have a few questions.

Bill, if you can, please, just stop sharing your screen, that way I can --

MR. HALLER: You're making a rash assumption that I was able to turn it off, but I did.

MR. STANEVICH: It -- it worked.

REDIRECT EXAMINATION

Q BY MR. STANEVICH: Allen, just a just a couple of follow-up questions for you. You were asked by counsel about a 75 cent an hour differential that some employees at VSES received. Do you recall that question?

A Yes, I do.

Q And which -- which employees do receive that -- that differential?

A The LVTs, the ACAs, and the CSRs.

Q Okay. And are you familiar with why -- well, first let me back up. Do in fact those employees receive a 75 cents an hour differential?

A Yes, they do.

Q Okay. And are you familiar with the reason that differential is -- is paid by the organization?
A It's due to the unscheduled nature of the work, and the 24/7, 365 requirements of the -- the building.
Q And how do you know that is the genesis for the 75 cents an hour differential?
A I had that conversation with the -- Amy Laukaitis (phonetic throughout), the former COO, when I was asking that very question.
Q And have -- have you shared that explanation with anybody during your time in HR?
A I mean, I've had other people ask me the question, yes. To give you a list I -- I can't do that, but I know I've been asked that, and I have explained it.
Q Okay. Is the differential at all due to any specialized nature of work performed by employees?
A No. ACAs, CSRs perform the same function. CSRs, you know, log in patients, they take care transactions. ACAs do animal hand in, and LVTs do the -- the gamut of LVT work.
Q Before, when counsel was showing you some screen shots, he was asking whether, you know, any -- anyone from EVS has -- sorry, VSES -- VSES has done EVS work elsewhere in the system over the past few months because that data wasn't shown.
A Yes.
Q I'd like to bring you back to Employer Exhibit 85. Do you

see my screen here?
A I do.
Q And is there currently an opening for an EVS position at VSES?
A So based on what I see here, there's a requisition for it. You would have to go to the right to see how many open positions there are.
Q How many open positions are there?
A In this case, there are three full-time positions open at VSES for an environmental service worker.
Q So have there been extra shifts available for EVS work at EVS location?
A Absolutely.
Q And who fills those positions?
A I -- I believe that it's whoever wants them, but it would be the existing environmental service workers.
Q Okay. And does it surprise you that the existing environmental service workers are not volunteering to go to other locations when there are open positions at their own home location?
A It does not surprise me.
Q Thank you, Allen.
MR. STANEVICH: Nothing further.
MR. HALLER: A couple of questions on recross, if I might?
HEARING OFFICER DAHLEIMER: Yes, go ahead.

RECROSS-EXAMINATION

Q BY MR. HALLER: You testified, sir, that the -- your understanding based on what you were told is that the wage premium at VSES is due to the unscheduled nature of the work? I'm not quite sure what's meant by that. Do you mean the unscheduled nature of the patients coming in?

A That's correct.

Q Okay. And also, because of the 24/7, 365 nature of the operations at VSES?

A Yes.

Q Well, those are two extremely significant reasons why VSES is a very different place to work than the general practices, aren't they?

A It's different in the workflow.

Q I see.

A And I -- could you rephrase that?

Q Aren't these two reasons for wage premium examples of why working at VSES is different than working at any of the general practice locations?

A It's -- it's -- I don't know how to answer that, other than to be a -- I'm not trying to be dense, but it's the unscheduled nature of the work. The work is the same.

Q I see. So everything's just the same, but you pay everybody an extra 75 cents an hour; is that your testimony?

A It is.

Q Thank you, sir. You testified also that the LVTs or the ACAs, at least possibly CSRs, their work is the same whether they're at the general practice or at VSES?

A What they're accomplishing is identical, yes. The work is the same.

Q Are you qualified to answer that question?

MR. STANEVICH: Objection. You asked the question. If you don't believe the witness is qualified don't ask -- don't ask the question, Bill.

MR. HALLER: No, no, sir. I'm trying to clear up his earlier testimony, where he's precisely, that's what he testified to.

MR. STANEVICH: I'm going to object to the question.

HEARING OFFICER DAHLEIMER: No, overruled, I'd like him to --

Did you -- you feel like you answered the question?

THE WITNESS: Do I feel like I did?

HEARING OFFICER DAHLEIMER: Yes.

THE WITNESS: I didn't have an opportunity.

HEARING OFFICER DAHLEIMER: Okay. I'm going to overrule now, and let him answer the question.

THE WITNESS: My job -- my knowledge of the job descriptions and the functions these employees perform tells me that they're performing the same work.

Q BY MR. STANEVICH: Okay. You have no background in animal

care, do you?

A I worked as a kennel assistant in high school.

Q Okay. Any other background in veterinary clinical care?

A No, sir.

MR. HALLER: No further questions. Thank you.

THE WITNESS: Thank you.

MR. STANEVICH: Nothing further. Thank you.

HEARING OFFICER DAHLEIMER: Mr. Ibrisimovic --

THE WITNESS: Outstanding.

HEARING OFFICER DAHLEIMER: Yeah, maybe. Thank you very much for your testimony this afternoon. You are dismissed.

Okay. And we -- we have no further witnesses today; is that accurate?

MR. STANEVICH: The Employer rests at this time, subject to potential rebuttal.

HEARING OFFICER DAHLEIMER: Okay. Mr. Haller, we -- you will be prepared to present witnesses at 9:30 tomorrow morning?

MR. HALLER: That's my assignment.

HEARING OFFICER DAHLEIMER: Okay. Any other administrative things we need to take care of at this time?

MR. HALLER: I don't believe so.

MR. STANEVICH: I -- I just sent you both Employer Exhibit 85. Bill, if I come up with some of the other job descriptions, the ones that you mentioned to me, I'll pass them along as well.

MR. HALLER: Okay. And if -- if they are, in fact, you know, relevant job descriptions, we will enter into the same stipulation on them. Let me just make sure I got it here.

MR. STANEVICH: Make sure I hit send. Okay.

MR. HALLER: I -- I haven't looked in my email, I see (indiscernible; simultaneous speech) --

HEARING OFFICER DAHLEIMER: Yeah, I -- I can -- I can verify, we got 85, 84, and 83.

MR. HALLER: And this is the open positions. Yes, I got it. Okay.

HEARING OFFICER DAHLEIMER: I do believe we still -- I have not yet received Employer 69.

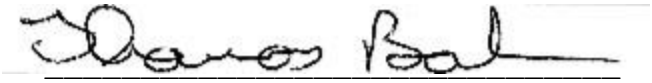
MR. STANEVICH: I will send that to you right now, I apologize.

HEARING OFFICER DAHLEIMER: I'm sorry, Mr. Baker, do you -- you're here for this, you can take us off the record, when you're ready.

(Whereupon, the hearing in the above-entitled matter was recessed at 3:23 p.m. until Wednesday, September 22, 2021 at 9:30 a.m.)

C E R T I F I C A T I O N

This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association Of Machinists And Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 21, 2021, at 9:33 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.



THOMAS BAKER

Official Reporter

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, **Case No. 03-RC-281879**

Employer,

and

International Association of Machinists and Aerospace Workers,

Petitioner.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 22, 2021

Pages: 393 through 586

Volume: 3

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UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of: PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES, Employer, and INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, Petitioner.	Case No. 03-RC-281879

The above-entitled matter came on for hearing, via Zoom videoconference, pursuant to notice, before **MICHAEL DAHLHEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, New York 14202-2465, on **Wednesday, September 22, 2021, 9:35 a.m.**

A P P E A R A N C E S

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I N D E X

E X H I B I T S

EXHIBIT	IDENTIFIED	IN EVIDENCE
Petitioner:		
P-1	544	544
P-2	545	545

P R O C E E D I N G S

HEARING OFFICER DAHLHEIMER: Good morning. This is -- this is day 3 of the hearing. At the conclusion of yesterday's hearing, the Employer rested its case. The Union will begin presenting its case momentarily.

Employer Counsel Jason Stanevich wanted to make a note for the record at this time.

MR. STANEVICH: Thank you, Michael.

Good morning, everyone. Just one item I'd like to have on record with me today on behalf of the Employer is my cocounsel, Brittany Stepp. Britney hasn't been with us for the prior two days of this hearing, so I just wanted to make everybody aware of her attendance today, and that is -- and that she is cocounsel for the Employer.

MS. STEPP: Good morning.

HEARING OFFICER DAHLHEIMER: Good morning.

If there's nothing further, the Union may proceed with its case.

MR. HALLER: Thank you.

The Union calls Sam Estes as our first witness.

HEARING OFFICER DAHLHEIMER: Good morning, Mr. Estes. Please raise your right hand.

Whereupon,

SAMUEL ESTES

having been duly sworn, was called as a witness herein and was

examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Can you please state and spell your name for the record?

THE WITNESS: Samuel Estes, S-A-M-U-E-L E-S-T-E-S.

HEARING OFFICER DAHLHEIMER: Okay.

Mr. Haller, go ahead.

MR. HALLER: Thank you.

DIRECT EXAMINATION

Q BY MR. HALLER: Mr. Estes, who do you work for?

A Pathway Veterinary Alliance.

Q Okay. What work location?

A The VSES strictly.

Q Okay. And what's your job title currently?

A I'm a ultrasound technician.

Q Are you full-time in that capacity?

A Correct.

Q Okay. Ble -- briefly give us your work hest -- history in -- in the veterinary field.

A So I -- I went to Alfred State and got my associates in veterinary technology, and I was hired as a new graduate to VSES, and I've worked there since -- since 2008. I was hired on as an emergency technician; I -- I went to overnights for a little bit, then I went to days, then I went back to -- to evenings, which is a 4 to 2:30 shift, when I was -- I was promoted to team leader at that time, and then a year pri --

after that I was promoted to supervisor on -- on the evenings. I was in that position for -- it's -- it's a long time ago and so it's hard for me to remember exactly, probably -- probably four or five years. And then after that I was -- I was moved into a surgical supervisor position at VSES to -- to supervise the surgery department, and I -- I did that position for roughly five years; and then the last two I've been an ultrasound technician.

Q Okay. Describe for us just briefly what -- what in general your duties were as a supervisor in emergency in surgery as -- as well as any differences between those positions if -- if there were any.

A So -- so as supervisor, I would oversee case flow and -- and -- it -- it's more of the people management part, trying to make sure that -- that things are getting done, and you know, making sure anybody needs help if needed, as far as side that side goes. I would perform disciplinary action as ne -- as needed, performance evaluations, work on -- work on SOPs in training, and attend supervisor meetings.

Q Okay.

A With -- with the surgery team, I was also in charge of scheduling the surgery team and approving time off.

Q Okay. I think I heard an acronym in there: SOP?

A Yep.

Q What's that?

A Standard operating procedures for -- for the buildings and capacity.

Q Okay. All right. And you're currently an ultrasound technician; tell us what you do in that job.

A So I -- I applied for this position a couple years ago, and I was sent to specific ultrasound train -- veterinary ultrasound training, and I'm -- at this point, I'm able to complete diagnostic abdominal ultrasounds, which are read -- ultrasound images, which are -- which is read out by a radiologist.

Q Where did you go for that training?

A I went to Guelph, Canada.

Q Okay. That's before the border was closed, obviously.

A Yeah.

Q Okay. Is there a radiologist on staff at VSES?

A Not currently, no. We have a -- a remote radiologist that we work closely with. She's able to do our ultrasound images live if there's anything that we come across that we're not sure what it is, or if we think something interesting that she could help explain to us live so we expand our knowledgebase there.

Q Okay. And I presume that individual has a doctorate in veterinary medicine?

A Correct. She is a board-certified specialist in -- in radiology.

Q Okay. Okay. Let me ask you some questions about VSES generally. What departments are at VSES?

A The -- the emergency department; there's surgery department, internal medicine department, and we also have part-time ophthalmology.

Q Okay. To the extent you know, how many shift slots are there per day in each of those departments?

A For --

Q I should clarify by saying we're not including the veterinarians here; the rest of the staff.

A Okay. It's hard -- it's hard to -- to say precisely because emergency is 24/7.

Q Um-hum.

A But generally, there's, I would say, three -- three to four technicians per shift. So for as far as technicians go, there'd be the day shift, the evening shift, and the overnight shift. So I'd say there's -- there's 12 techni -- technical shifts, and I'd say two to three3 ACAs per shift, so there's six -- six to nine.

Q Okay.

A So we're looking like 18 there.

Q All right.

A And -- and I can't comment on the CSRs. I don't -- I don't understand their -- their scheduling.

Q Understood. So we're talking about the ACAs and the LVTs?

A Right.
Q And that was emergency you were just discussing?
A Correct.
Q How about surgery?
A Surgery schedules, they -- they have -- when I was supervisor, we had six technicians and five ACAs, and they're generally scheduled -- they -- they were generally scheduled Monday through Thursday with -- with a slight rotation of Friday and Monday.
Q That's three shifts or one shift?
A There's -- there's just one shift; they generally work 7 -- 7 to 6.
Q Now, you don't work in internal medicine. Do you have any knowledge about how many folks they have over there?
A Not -- not precisely. I -- I can try to figure it out.
Q That's all right. We'll get it through another witness.
A Okay.
Q Okay. As an ultrasound technician, what department are you in?
A Imaging.
Q Okay. Imaging is another department, okay.
A Well, yeah, so it -- it's radiology imaging; it's -- it's -- they're interchangeable.
Q Okay. So how many folks are -- how many shifts are slotted in -- in imaging radiology?

A There's five -- there's five employees total right now --
Q Okay.
A -- and we're not there all at the same time.
Q Okay.
A There's -- there's overlap, and -- and we -- we -- some -- the -- we have an ACA that works the weekend. If my schedule is Monday, Tuesday, Thursday, Friday, this other ultrasound technician works Sunday to Wednesday, so there's -- there's variation.
Q Okay. Is that mostly just day shift?
A Correct.
Q Okay. Okay. Throughout the course of this proceeding, there's been testimony about the ability and practice of employees throughout the Monroe Medi -- Medical Group I guess it is now formally the Monroe Vet -- I'm sorry -- Monroe Veterinary group, formally Monroe Veterinary Associates, to pick up extra shifts at other facilities than their home facility. Have you ever picked up an extra shift at any other MVA Monroe facility other than VSES?
A Yes, I have.
Q Okay, tell us about that.
A It was a shift about probably seven years ago, because I know when I bought my house and I was living here, so it was about -- I picked up two shifts at East River Veterinary Hospital, which is -- is -- has been closed since then.

Q Okay. That was one of the general practices?
A Correct.
Q That's the only sh -- that's the only extra shifts you picked up outside of VSES?
A Correct.
Q Okay. To the extent you know, and I know you might not, how many employees from other MV -- Monroe facilities are working at VSES on any normal, like, nonholiday work day?
A I -- I can't speak to specific numbers; I -- I feel like it's -- it's low overall. I know when I was surgery supervisor we never -- we never had anybody pick up a shift in the surgery department from a -- from a general practice.
Q So that's in the five years you were surgery team supervisor?
A Correct.
Q Okay. Now, I know you probably don't know as much about the customer service representatives. Do any customer service representatives at other facilities ever pick up work at Monroe Group? I'm sorry. Other facilities pick up work at VSES?
A I -- I believe they do, but I don't -- I don't interact with them that much that I could speak to numbers or --
Q Okay, fair enough.
A -- the frequency on that.
Q All right. Let me shift gears a little bit. Oh, you testified about surgery while you were -- so you were emergency

evening shift supervisor for, what, several years?
A Correct.
Q Okay. Any ACAs or LVTs from outside VSES pick up any shifts while you were supervisor there?
A That -- that was a bit ago; I can't -- I can't recall.
Q Okay.
A I -- I can't say that they did or they didn't because it was -- it's just been -- been too long. I think the -- I think it did happen some, but I -- I can't say exactly how many -- what the frequency was.
Q Okay. Fair enough. All right. Let me shift gears a little bit. The patients, and by that I mean the animals that obtain, or their owners are seeking treatment for them, at VSES, do some of those patients -- let me rephrase that. Are there any of the VSES patients who are not referred by another Monroe facility or otherwise have no affiliation with Monroe or Pathway?
A Correct. Just as I -- I can speak directly for ultrasound. Probably a third of our referrals come in from -- from outside of the Pathway Monroe Group.
Q Okay. Okay. Is there any difference in the handling of patients if they're not otherwise connected with the Monroe Group as opposed to those that are referred by or somehow otherwise connected with another Monroe general practice?
A No, there's no difference at all. We still need a -- we

still need -- we que -- we need -- we have to have a referral before we perform the ultrasound. We have them fill out -- if they haven't been in the building before, we have them fill out an admission form and a -- and a -- and a account is created for them and the referral is attached to that -- that medical record.

Q Okay. How about medical records -- getting the patients' medical records? Is there any difference between a patient being referred by another Monroe general practice as opposed to the patients that are just coming from outside off the street as it were?

A The -- the request is the same.

Q Okay.

A We (audio interference) call them or email them and they can email -- or fax it to us.

Q Do you have the ability to obtain records directly electronically from other Monroe practices?

A No, we -- we can't -- we can't tap into the Pittsford Infinity system and look at them directly without their -- without them sending us a file.

Q Okay. Is that the same for the other Monroe general practices?

A Correct.

Q Okay. How about imaging records? Is it the same for imaging records?

A The -- the X-rays are -- are shared on a -- on a community tech system, so -- so it's actually taken at Pittsford, and the other general practices can be seen by VSES.

Q Okay. So that -- is that the only kind of medical record that's different that you have some direct access to?

A That I -- that I'm aware of.

Q Okay. I want to use a -- an analogy for a moment; it's a rather crude analogy. I want to analogize VSES from a manufacturing facility; that's because labor lawyers, we all come out of the 1930s, and the paradigm is a 1930s factory, okay? I know it's a crude analogy. But think of the patients and the sec -- successful resolution of a patient's medical issue -- the reason they're at VSES -- as the product, all right, and getting that product out is what VSES manufactures. Does the manufacturing of this product re -- for each patient involve significant inputs from the Monroe general practices?

A Besides -- besides getting -- sometimes they provide us with a medical history that's been obtained at their clinic so that we get a -- a better understanding, but overall, they -- they don't have any effect on the type of medicine that we -- that we perform at VSES.

Q And for the patients that are not coming from an MVA facility or not being referred by one of the Monroe general practices, there's no input whatsoever from the general practices, right?

A Correct. We -- we still might request a -- a -- a history from the -- like a general medical history from the -- from the nonMonroe Group practices, but that would be the same.
Q Right. And that's coming from a facility that's not owned or affiliated by Pathway?
A Correct.
Q Okay. Okay. Are you aware of whether there are ever patients that might receive a -- for example -- might undergo surgery at a general practice and then require post-op care at VSES?
A I -- I know they -- they do transfer because -- because they do -- they are not 24-hour facilities.
Q Um-hum.
A They have a -- a case that they feel is more critical, they will send it over for VSES to keep observation over it throughout the night.
Q The -- go back to my crude analogy, the inputs from the general practice are higher for that particular patient's product. Would that be correct?
A Correct. Correct, because -- because they perform the surgery, so we need to know, you know, what -- what the patient has received prior to coming in and what the expectations are for the patient in the morning, because it's going to -- sometimes they'll transfer back and -- and you know, they'll -- they'll stay the rest of the day there, and then they'll be

discharged from there.

Q Okay. Do you have any idea of what proportion of all the VSES patients would fall under that category?

A I -- I would think it was pretty -- pretty low.

Q Okay.

A If we're looking at all the patients across the organization that's been admitted through the -- through the hospital, depending -- you know, to each department, I -- I think it's -- it's low. I don't -- I don't have any figures, though.

Q Okay. Let me ask you about what differences there are, if any, between VSES and the general practices in the Monroe Group? Are you familiar with it -- all the general practices?

A I've -- I've -- I've only worked at -- at East River seven years ago, so I don't really -- I -- I'm not that familiar with the general practices.

Q Okay. All right. So the questions I'm going to ask you are based on to the extent you know. Is VSES larger in physical size than the general practices?

A Yes.

Q It -- it's -- it's considerably larger than any other general practice, right?

A Yes.

Q Okay. Is the staff larger at VSES than any in the general practices?

A Yes.
Q VSES is a -- is a 24/7 operation; is that correct?
A Correct.
Q Are any of the general practices 24/7 operations?
A No.
Q Okay. Are there any special differentials or other forms of extra pay that only VSES staff get? And again, I'm talking about nonveterinary (sic passim) stuff -- non -- nondoctors of veterinary medicine staff.
A Yeah, so -- so the VSES staff is recognized for shift differentials, so we have an evening shift differential and an overnight shift differential.
Q Okay.
A And there's also the -- the 75 cents that every employee at VSES also -- also gets for working within the parameters of VSES.
Q All right. Just to be clear, the 75 percent -- 75 cents a year, 75 cents a day, 75 cents an hour?
A 75 cents an hour.
Q Okay. Okay. Are there any services offered at VSES that are not available at any of the other general -- I -- I keep saying "other". VSES is not considered a general practice; is that correct?
A Correct.
Q Okay. Are there any services offered at VSES that, to

your knowledge, are not available at any of the Monroe Group general practices?

A Specifically, ET, MRI; the ultrasounds that I perform in the capacity that I -- per -- perform them are not -- are not done at general practices.

Q Okay. Let me ask you about some kinds of surgeries. Are neurosurgeries performed at VSES?

A Correct.

Q Is there a veterinarian who's a diplomate in neurology that performs those surgeries?

A No, we have a -- our surgeons are -- are not neurologists, they're -- they're boarded surgeons, so they -- they are comfortable with neurosurgery but not -- so we don't have a neurologist that performs them, but you do -- you do need an MRI to be able to perform the --

Q Okay.

A -- surgery.

Q All right. So you have board certified -- you have veterinarians certified in surgery?

A Correct.

Q So they've got -- they've got a diplomate in surgery?

A Correct.

Q Is there also a neurologist -- a board-certified neurologist on staff?

A Not currently.

Q Okay. All right. Are there any di -- diplomates -- veterinarians that are diplomates at the -- at the general practices, to your knowledge?

A Not that I -- not that I'm aware of.

Q Okay. To the extent you know, are there any additional skills required of support staff? And by that, I mean the LVTs and the ACAs when they're assisting in a neurosurgery.

A Well, the -- the anesthesia itself is quite a bit different because they're -- they're drilling into the -- on -- into the spine of the dog and trying to get down to decompress the discs, so the level of anesthesia that you need to keep them under, we're running -- we're running constant infusions for of -- of pain medications during those procedures. We have patients on ventilators during those procedures, and sometimes we'll have to run pressors, which is -- is -- help stabilize the patient through the -- through the procedures depending on the severity of -- of what's going on anesthetically.

Q Okay. All right. Let me ask you about some of that. Ventilators. Are ventilators always used in surgeries at VSES or used for some surgeries?

A Gen -- generally, every patient that's getting general anesthesia in -- in a surgical OR is on a ventilator.

Q Are there any ventilators at any of the general practices, to your knowledge?

A Not that I'm aware of. There -- there are certain

patients that are too small for the ventilator so they have to go on what's called a -- on a nonrebative (phonetic) system because the -- the volume of air which they can move is not -- not enough, so they'd essentially just be breathing in their own breath and not being able to -- to stay anesthetized.

Q Okay.

A Just to clarify.

Q Does operating -- so is the staff assisting at surgery responsible for operating a ventilator?

A Correct.

Q Okay. Does that require any special skill set?

A It -- yeah, it -- it takes definitely advanced skill set to understand the ins and outs of a ventilator and how to properly -- properly maintain the patient under anesthesia with it. It's --

Q Okay.

A Not even all our ER techs are familiar with that, so -- some of them are, but not all of them.

Q Okay. To your knowledge, is -- are any of the LVTs working at the general practices have that skill set?

A There's probably a few, but most of them -- they -- it -- of those few that are employees that have worked at VSES in the surgery department.

Q Okay. I think yesterday we heard testimony from a Kathy Sercu. Does she fall in that category?

A I don't know if Kathy would be comfortable. I believe the -- the other witness, Jen Gargan, would have been.
Q Okay.
A And there's a -- there's a couple other employees that have -- have left the surgery department that are working in GP that would feel comfortable.
Q Other than the folks you've mentioned, are you familiar with other people who are now working at the general practice that have that kind of surgical experience at VSES?
A I don't -- could you state the question again?
Q Yeah, I'm sorry. Other than the two individuals you just mentioned, how many other folks are there working at general practices now that have that kind of surgical experience at VSES?
MR. STANEVICH: Objection. Lack of foundation.
Q BY MR. HALLER: To the extent you know.
HEARING OFFICER DAHLHEIMER: I'm sorry, what was the basis of the objection?
MR. STANEVICH: Lack of foundation. There's been no wi -- no testimony that this witness knows the qualifications of employees who work at 17, 18, 19 other locations. In fact, he testified before that he's only worked at one location, and he's not familiar with the operations in the general practice. This is just pure speculation at this point.
HEARING OFFICER DAHLHEIMER: Mr. Estes, do you have any

foundation for your knowledge that -- for the knowledge about that?

THE WITNESS: I only know of the -- the few people that have left VSES to -- to work at G -- GPs, so I don't know the extent of the knowledge at -- at the general practices.

HEARING OFFICER DAHLHEIMER: Okay. I'm going to sustain that.

Can you reframe -- can you reframe the question in a way that -- that is -- speaks to his knowledgebase, please?

MR. HALLER: I certainly can.

Q BY MR. HALLER: You've worked at VSES since 2008, right?

A This is correct.

Q How many folks obtained the surgical knowledge we're talking about at VSES who have since transferred to one of the general practices, other than the individuals already named?

A I -- I believe there's only to be a few that have.

Q Okay. Thank you. All right. You mentioned anesthesia before. Tell us about advanced anesthesia skills that this assisting tech staff would need at VSES. You -- you referred to this before.

A Yeah, so -- so for the advanced skills of anesthesia, we -- we consistently run CRIs -- we have multiple -- we'll run fentanyl, ketamine, sometimes we'll run (audio interference) which is not always, but sometimes we will. And -- and those -- those CRIs are all -- all adjusted based on our level

of comfort with the patient and how they're doing throughout anesthesia. So -- so we might incr -- in -- and these are mostly judgments that the technician makes with the -- they -- they'll notify the doctor of, hey, I'm going increase this; and they say, okay; or we just do it just to keep the patient adequately enough to tie us through the procedure. So there's a lot of -- a lot of judgment call on us to make sure that we're keeping the patient stable and in a adequate plane of anesthesia. Because when you -- when you put the patients on isoflurane, which is the inhalant gas that -- that we deliver to most patients, it causes a decrease in their blood pressure due -- due to vasoconstriction, and so we try to keep them on a lower amount of that as possible, and then we increase our CRI rates to try to -- to try to combat that -- that effect -- that side effect of the inhalant gas.

Q All right. Let's -- let's clarify those acronyms. There's a li -- there's one acronym I caught there: CRI. What's that?

A That's a constant rate of -- rate of infusion of medication.

Q Okay.

A We also -- we also, for our more critical cases, we will occasionally put in a RKO (phonetic throughout) blood pressure catheter so we can have direct monitoring of blood pressure. We'll -- I'm trying to think of other things. I think

that's -- that's about the extent of that.
Q Okay. Based on your five years or so experience as a surgery team supervisor, do you believe that the general practice staff that comes to VSES has the requisite skills to do this anesthesia work?
A No. I -- I think the -- the few people that -- that have left the surgery team and had surgical experience at VSES would have, but the general population of staff at the general practices do not have the skillset or the knowledge to do -- to maintain patients in -- in a surgical OR with a surgeon.
Q Okay. I think you referred to another device: a compressor; is that right? Maybe I got that term wrong.
A Oh, no, pressors; that -- that's an injectable drug to -- to try to cause vasoconstriction to increase the blood pressure.
Q Okay. All right.
A Depending on which one you use; different ones have different mechanisms of action.
Q Okay. Thanks. Are orthopedic surgeries performed at VSES?
A Yes.
Q Okay. We've heard testimony from the group's medical director that any orthopedic surgery involving, I think, anything with a plate or a screw is only done at VSES. Is that your understanding?

A That -- that is correct.
Q Okay. All right. The staff that LVTs and ACAs assisting with that sort of ortho -- orth -- orthopedic procedure, are there any specialized skills that they have to have in order to assist in such a surgery?
A I think that just coincides with the other physical skills as -- as like, the neurosurgery; it's -- it's -- it's pretty -- pretty much across the board with the surgical team of how they perform anesthesia.
Q Okay. So let me ask the general question -- I think I may already asked and you may have already answered, I'm not sure -- in your five years as a surgical team leader, did any GP -- people who regularly work at the GP ever perform any of these duties assisting in surgery at VSES?
A Not unless they left the -- the -- the surgical team. They -- they -- if they -- if they didn't have prior physical experience in the surgical department, they would have not been utilized in the surgi -- on the surgical team.
Q Okay.
A So -- so I can't say exactly. There might have been one instance or two, but I can't say that there wasn't any.
Q Okay. Could you say it would've been an extremely unusual circumstance?
A Yeah, like -- like when one of the surgery techs got married or something, we tried to get coverage for -- so we all

could go and -- and on call was covered.
Q Okay. Are there other kind of surgeries, to your knowledge, are only performed at VSES and not at the group practices?
A That's a -- that's a loaded question. There -- there's a lot of surgeries we perform at VSES, like gallbladder mucocele, cholecystectomy, hemilaminectomy, ventroflex. There's -- there's -- the list could go on for -- for a long time.
Q Okay.
A We also use the CT to help plan for some of our surgeries, so if there's more invasive -- more invasive masses or -- or tumors, then we use that to -- to map out to see what -- what vascular involvement there is in the -- in the tumor to make sure it's -- it's able to be -- to be -- be resected.
Q Okay. And that's a device you use? What was that again?
A That -- that's the CT machine.
Q Is that something that's only available at VSES?
A Correct.
Q Okay. Do any surgeries ever involve endoscopic procedures?
A Yep, the surgeons will do -- they'll do joints -- joint endoscopic -- what do they call it? They'll do arth -- arthroscopy, so they'll -- they'll go in and they'll -- if there's a -- a hip or an elbow or something, they'll go in and try to debride some of the -- the affected joint away so it --

it's a much more smoother -- smoother surface. And then we'll also do laparoscopic -- spays -- at -- at VSES. They'll do laparoscopic biopsies, too, GI biopsies, and that's a -- that's about all I can think of for that.

Q Okay. Just for health care and veterinarian care for dummies, what's endoscopic refer to, and what's laparoscopic refer to?

A En -- endosc -- endoscopy is more like an internal medicine term; so laparoscopic would be a surgical term.

Q Okay.

A So -- so into -- internal medicine perform -- per -- performs endoscopes, and then surgery would perform a laparoscopic procedure.

Q Okay. Just explain, just -- just for the record briefly, what's the difference?

A So laparoscopic would have to do with -- with the abdomen.

Q Okay.

A And then --

Q And so it involves some surgical invasion of the body?

A Correct, they ju -- they just don't make a, you know, pubic to sternum incision; they make -- they make little holes and put the endoscope in there and they can look around, and then they have another hole that -- that they put a instrument into, and then they can coordinate them together and -- and do what they need to do in there.

Q Okay. And I've got a weak stomach, so I won't go into great detail, but endoscopy's where you're sticking a probe in some existing orifice?

A Correct. Correct, either -- either -- either -- either one end or the other.

Q Okay. Okay. Let me ask about imaging and radiology. I've got a few questions in addition to what I asked before. There's been testimony about ultrasound available at the general practices. To your knowledge, is that the same as the ultrasound available at VSES?

A So we do have the same Sonosite ultrasound machines on the emergency floor that are used for AFAST and TFAST and cystocentesises (sic), but we also have a Xario ultrasound machine that -- that I use on -- on a daily -- a daily basis in my position that is able to provide diagnostic images to -- for the radiologist for interpretation.

Q Okay. What -- what's that first machine you mentioned, a Sonosite?

A Yeah, they're -- they're like a small, portable ultrasound machine. They're -- they're -- they're good for like, growth interpretation of -- of, you know -- they're -- they're -- they're looking for like, big -- big ticket items, so free fluid in the abdomen, free fluid in the chest or -- or pericardium masses. They're not looking at the -- the -- the small details of the -- that the Xario can collect.

Q Okay. Are -- are the Sonosite machines on site at some of the general practices, to your knowledge?
A I believe they -- I believe most of them have a Sonosite.
Q Okay. And what's the other kind of machinery that -- that you have at VSES?
A It's -- it's a Xario. I don't know who the manufacturer is.
Q Okay. Is that kind of equipment required for imaging quality to be of -- useful for diagnosis?
A Correct. The -- the quality of the -- the image is -- is much higher with the -- with the Xario machine, and the -- the ability to -- to provide diagnostic images to the radiologist.
Q Diagnostic quality images that a radiologist could consult?
A Right.
Q You're not going to get that from a Sonosite machine?
A It depends on what you're looking at. I -- I -- I think, you know, I think in some -- some ways you could, but I -- I think overall, I -- I don't think it -- it -- it provides the image quality that you need for -- for what the radiologist (audio interference).
Q All right.
A And the -- so I -- so I wish -- I -- I have been trained in ultrasound, and I'm able to locate all of the -- it sounds silly, right, but -- but some of the organs are hiding, but

I -- I'm able to locate all of the organs and take a -- a good general overview of -- of what the abdomen looks like, and at the general practices they -- they do not. They -- they do not -- they're just looking at specific small, like -- sorry. They're looking at general overall, like, is there a mass in here, what does the bladder look like? They'll use it for cystos, but they're not trying to get a whole picture of what's going on in the abdomen.

Q Based on your ex -- experience as an ultrasound technician at VSES, are patients that require diagnostic quality images referred to VSES for imaging?

A Correct. The -- we get a lot of referrals from all the general practices around the area for -- for ultrasound.

Q Based on your experience at VSES, has anybody from the general practices ever been assigned to perform the imaging work at VSES?

A No.

Q To your knowledge, are there any job classifications within the Monroe Group that exist only at VSES? Again, I'm talking about nonveterinarian staff.

A We -- we only have -- only at VSES there's patient care coordinators, which is -- which is crucial to charging and communication with the client.

Q Okay.

A My position is not -- is not at any other general

practice.

Q Okay. Is there a position called "veterinary technician specialist"?

A Yes, we -- we have a couple -- VTS is what they call them -- technicians who have gone on for further training and have sat for an additional test so they can have the certification of -- of VTS; which, their VTS is in critical care.

Q Okay. So that's a level of certification beyond the New York State licensure as a licensed veterinary technician?

A Correct. Correct.

Q Okay. Are there any such positions anywhere in the Monroe Group outside of VSES?

MR. STANEVICH: Objection. Lack of foundation.

Q BY MR. HALLER: To your knowledge.

HEARING OFFICER DAHLHEIMER: Sustained.

Can you rephrase, please?

MR. HALLER: I'll move on.

Q BY MR. HALLER: Okay. Let me -- let me ask some general questions about licensed very -- licensed veterinary technicians. A license from a state -- generally, New York State is required to have such a job; is that correct?

A In New York you're required to -- to -- to be able to function as an LVT, you need to have a license.

Q Okay. And you have such a license?

A Correct.

Q Okay. Now, do the LVTs at VSES and the LVTs elsewhere in the Monroe Group all have the same state licensing?

A Correct.

Q Okay. Based on your experience in -- in your experience as supervisor in the emergency and surgical departments, do you be -- do you believe that LVTs and/or animal care assistants at the general practices are qualified to perform duties in the departments you've been affiliated with at VSES?

MR. STANEVICH: I'll object to lack of foundation. This witness is not familiar with the qualifications of LVTs at the general practices. He has not worked at --

HEARING OFFICER DAHLHEIMER: Overruled. The -- the quest -- the scope of the question was clearly within the -- the witness's knowledgebase. Overruled.

Go ahead.

THE WITNESS: Could -- could you ask the question again, Bill? I'm sorry.

Q BY MR. HALLER: That would be assuming I remember the question. Let me rephrase. Based on your -- how many years were you supervisor in the emergency and surgery departments combined, approximately?

A Probably eight or nine.

Q Okay. You were in charge of assigning the staff in those departments in those years you were supervisor, right?

A Yes.
Q Did you ever assign anyone from any of the general practices to perform any duties in those departments while you were supervisor?
A I can't recall. I think there's certain aspects of those duties that they -- they can perform, but there's other aspects that they -- they definitely don't have the knowledgebase that we have at -- at emergency to function. And I -- I can attest to that because of the holiday shifts that I've -- I've worked in the past with some of the general practice technicians; they -- they constantly asked me procedural things and how to -- how to do things on -- at VSES.
Q Okay. What kind of duties would you -- based on your past experience as a supervisor, there's someone from a general practice -- an LVT or an ACA -- that's been assigned to the department under your supervision. What kind of duties would you generally be comfortable in assigning them to do?
A So I think like, simple procedure type things. They can obviously do catheters because we're all taught that in school. If it's a simple, stable anesthesia that -- that's like, a big dog, little dog bite wounds -- that's something that I would feel comfortable as most -- as long as they had previous experience as a GP. I think, you know, if -- if there's like, sub-Q fluids or something like that, I'd feel comfortable, but as far as like, advanced patient care in the ICU, they --

that -- I would -- I would not feel comfortable putting them in there or -- or any of the advanced procedures that we perform at VSES.

Q Okay. Earlier in this proceeding, an Employer witness was asked if -- if hypothetically, none of the regular VSES staff was available, would it be possible to operate VSES with just the ava -- with -- assuming there were plenty of general practice staff available, would it be possible to run VSES with just -- just the general practice staff, and -- and the -- the witness answered, yes. Do you agree with that, based on your experience?

A I -- I think they would be able to -- to see very limited emergencies. I think the surgical department, the internal medicine department, the radiology department would all -- all have been shut down. They would still be able to por -- perform the -- the radiograph aspects of -- of the imaging radiology department, but as far as the other things, I -- I think it would be the emergencies that would come in would -- would have to be very -- would be triaged very specifically to -- to know -- to understand what the -- the staffing could -- could handle.

Q I have no further questions. Thank you, Mr. Estes.

A Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, are you prepared to proceed on cross?

MR. STANEVICH: Yes, I am.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Good morning, Sam. How are you today?

A Good, how are you?

Q Good. My name's Jason Stanevich. I'm counsel for the Employer, and I'll -- I'll have some -- a few short questions for you today. I do have a habit of -- of talking very fast at times, and so if I -- if I go to fast or if I -- if you don't understand my question -- because obviously I'm a lay person when it comes to your industry -- just please ask me to -- to clarify. It'll make the -- the question and answer go a little -- a little bit smoother, okay?

A Okay.

Q So just a couple questions for you. You -- you -- you testified that you generally would not use an LVT from a general practice to provide care in the ICU, correct?

A Correct.

Q Okay. And that's because the LVTs who generally provide care in the ICU may have just additional experience and additional skills from working at VSES?

A Yes, ski -- skills and knowledge, yes.

Q Okay. But in order to work and to -- in the ICU as a vet tech, you don't need any additional certifications or licenses from the state of New York, do you?

A No, that -- that's correct, you don't.

Q Okay. And the fact you don't even have any additional certifications or license from the state of New York, right?
A Correct.
Q Okay. You're -- you're a licensed -- licensed vet tech?
A Yep.
Q And that's the same license that other vet techs have within the Pathway system in Rochester regardless of where they work, right?
A Correct.
Q Okay. And in fact, VSES even hires new grads?
A Correct.
Q And -- and once they're hired, then they will be trained in a particular area of the hospital, right?
A Yeah, depending on what -- which department they're hired into. The training does vary from department to department.
Q And not all LVTs at VSES work in all of the departments at VSES, right?
A No. No, that's correct.
Q And in fact, you have LVTs at EVS (sic) who do not work in ICU, right?
A Correct, but -- but the -- the -- the departments of surgery and internal medicine, they also would feel comfortable working with those patients in -- in the ICU.
Q But there are LVTs at VSES that would need additional training before you would staff them in the ICU, right?

A Unless -- so if they were -- if they were a new -- new hire, yes. If they're not a new hire, then -- then no, there wouldn't be any additional training for them.

Q Okay. But there are LVTs at EV -- I'm sorry -- at VSES who do not perform any work in the surgical suite, correct?

A That -- that is correct.

Q Okay. And before you were talking about, you know, advanced skills that may be needed for anesthesia. All vet techs are taught on how to apply anesthesia when they go through school, correct?

A Yeah, that's a -- that's a basic school -- school expectation that -- that they should know how to do.

Q All right. And in fact, all LVTs, after graduation, when they work in -- in a -- whether it's a general practice or at VSES, that's a basic expectation that they can apply anesthesia, right?

A Correct.

Q And when they apply anesthesia, they're following a doctor's orders, correct?

A Correct. I -- I do believe they are using some of their own judgment, skills, and knowledge to -- to -- to assess the level of anesthesia that the patient's on so they can communicate effectively with the doctor.

Q All right. But the doctor would prescribe what level of anesthesia to provide, correct?

A I -- I don't think you understand. Sorry. The -- the level of anesthesia changes throughout the -- the surgery, so you need to constantly be checking the depth of -- of the patient's anesthetic and making adjustments based on your assessment, so necessary -- the doctor isn't always necessarily directly involved in that.

Q But the doctor would give the treatment plan, and then the LVT, they carry out the work that is part of the treatment plan, correct?

A Correct, they come up with anesthetic protocols; I believe that's what you're asking.

Q Okay and you -- you mentioned I -- I believe there's a certification option known as Veterinarian Technician Specialist?

A Yep.

Q Okay. And you've never obtained that specialization for VTS in anesthesia, have you?

A No.

Q Okay. But you've been trained on how to provide that work within the critical units at VSES, right?

A Correct.

Q Now, go -- back to your -- your positions; you testified that you started in about 2008?

A Correct.

Q You worked as an LVT for a number of years?

A Yep.
Q Okay. And then it appears, just based on some documentation that I have, that you were an LVT supervisor from early 2016 to maybe late 2019. Does that sound correct?
A Yeah, that -- that seems correct.
Q So about -- about four years or so?
A Well, I was evening supervisor for a while also in addition to the surgical supervisor position.
Q Okay. And currently, you're the -- an ultrasound technician?
A Correct.
Q And I -- I know you haven't worked at a -- you've only worked at one general practice location, but I believe it's your testimony that most of our general practices do have certain radiology-related equipment, correct?
A Yes, they have -- they have ability to take X-rays, and they all have Sonosites, I believe.
Q And the Sonosite is -- it's -- it's an ultrasound machine?
A Correct.
Q Okay. And that's a diagnostic machine?
A Sure. I -- I -- I think that's -- it's -- it's -- it's used to diagnose big ticket items; I -- I don't think it's -- you can't -- you can't determine the echogenicity of a liver if -- if there's pancreatitis, the thickness of (audio interference), or -- so I -- I think it's limited on its

diagnostic ability.

Q Okay. But you would agree that most of the locations have ultra -- ultrasound machinery?

A Yeah, they have a Sonosite.

Q Okay. And they -- they also have X-ray machines, correct?

A Correct.

Q And some of them even have dental-related radiology equipment, correct?

A Correct, which we don't have at VSES. We don't have -- do anything with dental or -- or any den -- dental X-rays.

Q Okay. And you mentioned there are times where you have to reach out to a radiologist to interpret the scans; is that true?

A Th -- that's correct.

Q Is that Dr. Shaikh?

A Yep.

Q And she -- she's not an employee, right?

A I don't know what her contract is.

Q Okay. And are you aware of whether the general practices also reach out to Dr. Shaikh to interpret the imaging scans?

A I -- I'm not aware.

Q Okay. Fair enough. If you don't know, you don't know. But your position would be to conduct the scan itself, and then the radiologist would interpret the results of the scan?

A Correct. I'm a technician, and I'm not able to -- to

interpret or -- or diagnose.

Q Okay. Now, you amen -- you mentioned before that there's -- you've worked in the surgical side of the house; you've also worked in emergency services at VSES, right?

A Correct.

Q Okay. And you're aware that there are urgent care locations elsewhere within the Pathway system in Rochester?

A Yes.

Q Okay. And you're aware that there are surgeries performed elsewhere within the Rochester system at some of the general practices?

A Yep.

Q Okay. Going to back to emergency services for a moment. Vet techs and animal care assistants would provide basic nursing care to the patients when they come into the ER; is that true?

A Yes.

Q Okay. And some of the services that may be provided in the ER, that would include, like, inserting an IV catheter, right?

A Correct.

Q Okay. Any special skills required to do that?

A I mean, you have to go to school and be an LVT to do it. But yes, LVT skill.

Q That's a fair point there, Sam. I meant -- and so all

LVTs are expected to be able to insert an IV catheter?
A Correct.
Q And that's a pretty routine procedure?
A Yep.
Q Happens all the time in the emergency department at VSES?
A Yep.
Q Okay. Did you do that kind of work when you were at the GP that closed a few years back?
A Yeah, I did.
Q Okay. Also in the emergency department, the LVT would administer medication to a patient, right?
A Correct.
Q Okay. And the -- the DVM, the veterinarian, would prescribe the medication, correct?
A Correct.
Q Okay. So you wouldn't make that decision on your own; what medication to provide, or what dose of medication to provide, right?
A No. They -- they make the ultimate decision. There are times that I personally make recommendations or dosing recommendations. And you know, it's -- it's a conversation at times about -- about what we're going to do for the pet.
Q But you would agree with me that all LVTs have the ability to administer medication, based upon a doctor's orders, in the ED?

A Correct.
Q Okay. Likewise, there may be times where an LVT has to draw blood from a patient in the ED, correct?
A Right.
Q Okay. And you would agree with me that all of the LVTs should be able to do that?
A I would hope so.
Q Okay. No specialized training required, specific to drawing blood at VSES, is there?
A Not -- not just drawing blood, no. And this -- there will -- we'll draw blood out of a triple lumen catheter, which -- which does require some additional knowledge. But generally, as -- as just poking a vein is poking a vein.
Q Okay. And unfortunately, I assume there are times where a vet tech would have to provide CPR to a patient in the emergency department?
A Daily.
Q Daily. And that's work that's expected to be performed by any LVT, correct?
A Correct.
Q All right. Likewise, work related to endotracheal tubes. That's work that LVTs are expected to perform, right?
A Like intubation?
Q Correct.
A Yes.

Q Okay. And nothing specific of VSES that requires specialized training to do that type of work, is there?
A No.
Q Okay. And that's part of the training that everybody receives when they go to school to become an LVT?
A Correct.
Q And you'll likely have to do that work at a general practice as well?
A Yes. Anything that needs surgery would -- would need to be intubated and -- and maintained on gas.
Q Just switching gears for a moment. I'm sorry I'm bouncing around. I'm not that well organized.
A It's fine.
Q When you -- when you were a supervisor, you talked about some of the responsibilities that you had. Did you coordinate with human resources at all?
A Depend on -- it depended on what I was working on. But yes, at times I did.
Q And what are the types of issues that you would coordinate with human resources on?
A It would depend on -- some things would be the level of disciplinary action needed. If there were certain policy changes that were trying to implement at VSES, then we would contact them. But most of that would get funneled up through -- through our manager, and they would have the

conversation, but.

Q And you were involved in completing performance evaluations?

A Correct.

Q You share those performance evaluations with human resources?

A Yeah. They -- they sent -- yeah, they would review them all, and then send them back to us.

Q Okay. And who was your contact for human resources; if you recall?

A When -- during my time as supervisor?

Q Yes.

A Mary Czech.

Q I'm sorry, the name? I didn't get it.

A Mary -- Mary Czech was my primary resource.

Q Okay. And do you know whether she provided HR services to the general practices?

A I believe she did.

Q Okay. Now, you -- will we had some testimony about employee interchange. I know you haven't worked at the general practices, but we do have folks from the general practices that work at VSES, correct?

A I believe there. I don't -- in my position, I don't really work directly with anybody in -- from general practices.

Q Let me ask you a slightly different question. Are you

aware of customer service representatives at VSES that came from other general practices?

A I think -- I don't -- I don't know. I have less interaction with them than in the back. So -- so I can't really speak to -- to the customer service representatives. But I believe some that have transferred.

Q And are there animal care attendants who have -- is the -- let me back up. Is the title animal care attendant or animal care assistant?

A Assistant.

Q Okay, thank you. And have we had animal care assistants come from the general practice to work at VSES?

MR. HALLER: Let me just ask a clarifying question. Are you asking about permanent transfers, or?

MR. STANEVICH: I'm going to get there, Bill. I'm sorry.

MR. HALLER: But which are you asking about?

MR. STANEVICH: I will ask.

MR. HALLER: Okay. I'm sorry.

Q BY MR. STANEVICH: Okay. So Sam, have we had folks from the general practices permanently transferred to VSES?

A Yes.

Q Okay. What titles come to mind? And I know you've been there a long time, and memories fade, but just to the best of your recollection, what titles have permanently transferred to VSES?

A Like, which specifically -- what departments they were hired into?
Q Their title, such as you know, LVT, customer service rep, animal care assistant? I'm just trying to think of if you can identify some employees to us who transferred from a general practice to VSES?
A Yeah. I mean, there's been LVTs and ACAs that I know of who have transferred, and their title remains the same. I don't know if there's a specific ER technician job description or not, if they're considered just an LVT, if they're considered an ER emergency LVT position or -- I'm not -- I'm not sure the direct title they would be hired into.
Q Okay. Are you familiar with an employee by the name of Kendra Clemons?
A No.
Q Okay. Are you familiar with an employee by the name of Abigail Verna (phonetic throughout)?
A I don't know her either.
Q Jannelle Komsonkeo? I'm sure I pronounced that correctly.
A I -- I know Jannelle. She works in -- she now works in surgery, yes.
Q She works in surgery. And when you say surgery, she works in surgery at VSES?
A Yeah. She's -- she's in the surgical department. Yep.
Q What's her job in the surgical department?

A I -- I don't really know. I know she works there, but I don't know if she's scheduled in the prep room or scheduled on appointments. Or -- so I'm not sure.

Q Fair enough. And again, I don't want you to speculate or guess. Just only what you know. And she came from Irondequoit, correct?

A I don't know where she came from.

Q Okay. But ir -- if she did come from Irondequoit, you would agree that's one of our general practices?

A That's correct.

Q Okay. Going back to -- you talked about some of the differentials. I believe there's a weekend differential, right, at VSES?

A Yes.

Q Okay. And when employees in the general practices work a weekend at VSES, they get that differential too, right?

A Yes.

Q Okay. And you mentioned there's a shift differential for the evening shift and the overnight shift, right?

A Right.

Q And you would agree with me when the -- when members of the general practice come to work at VSES on the second or third shift, they get that differential as well?

A Correct. It's recognition of the hours that are being worked.

Q Thank you. And then the -- you mentioned there's a general differential of 75 cents an hour for employees at VSES, right?
A Correct.
Q And that differential would apply to LVTs, right?
A That -- the 75 cents are you --
Q 75 cents.
A It applies to all job categories.
Q Okay. And -- and you would agree with me that when an employee from the general practice picks up a shift at VSES, they're also getting that 75 cents an hour differential?
A I believe so, but I -- I don't know. It's been a long time since I, like -- I don't know what they're getting paid. So I don't know if they're getting that extra bump or not.
Q You were asked some questions about a medical record system. What system does VSES use?
A For -- for the medical records, it's Infinity. We also use a Instinct program.
Q Okay. And the Infinity system's also used at the general practices, right?
A Correct.
Q Okay. And it's your testimony that you just cannot access their records, right?
A Correct.
Q But there are times where you will need information from

the general practice, correct?
A Correct.
Q And so if they're transferring a patient, say from -- from Bayview to VSES, you may need to know that patient's medical history?
A Yeah, of course. It's helpful in the treatment and understanding where they're in their disease processes.
Q All right. So if you can't access Infinity, how does the LVT get that information from the general practice?
A It's either -- we either call them or email them.
Q And if you have to call someone, who do you call?
A I never call anybody, so -- I don't know. I don't know who they call, to be honest.
Q Do you know who sends the information over?
A I mean, I would it's any CSR, but I don't actually make the phone calls, so I -- I don't know.
Q Okay. But you would --
A I stay off the phone.
Q -- with me there -- you would agree that there are VSES employees who speak to employees at the general practices, and they share information about a patient's medical history?
A Yes. I -- I agree to that.
Q Okay. And you -- I believe you testified that the general practices, at times, will conduct surgeries, right?
A Uh-huh.

Q And the post-op care would be provided at VSES, right?
A Correct.
Q And so if the surgery is being performed at the general practice -- any understanding of how the patient gets from the general practice to VSES?
A I -- I believe most of the time the client brings them over.
Q Are there any other -- that may happen most of the time? Are there other ways where the patient, who just had surgery, gets transported to post-op care at VSES?
A Yeah. I'm sure there's incidents where there's critical patients who aren't recovering well, and the general practice's doctors are concerned about just having the owner bring them over while they're recovering, because recovery can be terrible and rough at times. So I'm sure there's times when -- when the general practice doctor will bring them over, too. I think it's less -- less frequent.
Q And in those situations where the general practice doctor has performed the surgery at the general practice, the patient comes over. The care that's provided to the patient at that point is -- it's observation, right?
A Correct. It would be observation and support. And then depending on, you know, disease processing and why they transferred it over, it might need some intervention at some point.

Q Okay. And there are situations where the patient then returns to the general practice, correct?
A Yeah. I would believe so.
Q Okay. And are there other situations, say, for instance, where VSES is very busy, and patients that come in to that location are transferred to other general practices?
A Yeah, that -- that happens.
Q Okay. And does it happen because of workflow?
A It -- it's mostly because of volume, is that -- that mean -- the workflow?
A I'm just -- I'm just trying to understand why it happened. Why -- maybe let me ask the question differently. What are some of the reasons that VSES will transfer patients from that location to one of the general practice locations?
A Sometimes there's cost concerns for the client. Sometimes it's because the general practice can do it at a cheaper rate. Sometimes the -- the surgery team isn't able to -- to accommodate the patient for that day and it needs more -- more of an urgent surgery. Those are -- those are the two situations that I can -- I can really speak to this.
Q All right. To just unpack that a little bit. You said that the -- there may be cost concerns. So the work would be shifted back to a general practice, because it could be -- the same work that can be done at a lower cost; is that what you mean?

A Correct. If the client has financial concerns, sometimes the general practice can do surgery at a -- at a cheaper rate.
Q Okay. And then there may be times where VSES is just -- the operating room is fully booked, so the surgeries have to be done elsewhere?
A Correct.
Q Okay. And we heard some testimony yesterday that some of the general practices perform ACL surgery. Are those surgeries also performed at VSES?
A The -- that's -- yes. They -- they will fix ACLs at VSES. But the procedure that is performed is completely different from what they perform at -- at the general practices. So it's -- it's not similar.
Q All right. And you -- you haven't performed or been involved in any ACL procedures at, say, The Animal Hospital in Pittsford, for example, right?
A I've never worked there.
Q Okay. Have you done surgeries with Dr. Wihlen before?
A I've never worked with Dr. Wihlen at any general practice.
Q Okay. Have you done any surgeries in Perinton at all?
A No.
Q Have you done any surgeries with Dr. Scheider at all?
A No.
Q Okay.
A I do understand the surgical technique that they use,

because our -- our surgeons will rarely use that technique.

Q Do you also perform -- or does VSES also perform FHO surgeries?

A We do.

Q Okay. And what -- and just tell us what an FHO surgery is.

A So basically, they're just cutting off the head of the femur of -- of the patient, because they're -- their hips are so degenerative that -- that they -- it's -- it's more comfortable for the patient to -- to just cut it off than to walk around with it still in there. But that's -- that's also size dependent on if the surgery is appropriate for the patient.

Q And are you aware of whether Dr. Wihlen or any other physician has performed those surgeries at the general practices?

A I believe he stated yesterday he does.

Q Okay. Amputations. Are amputations done at VSES?

A Yes, they are.

Q Okay. Growth removals, they're -- they're done at VSES as well, right?

A Yes. But the -- the -- usually their way of (audio interference) if you're talking about taking off like a 2 centimeter growth removal (audio interference) a 12 centimeter growth removal, there's a lot different in surgical approach.

Sometimes there's a skin graft that needs to happen over that, which would be handled by -- by the surgeons.

Q TPU surgeries are performed at VSES, right?

A Correct.

Q And that's a pretty complicated surgery, from what I understand?

A Yes.

Q And can you just explain to us what that is?

A So basically, they're going to shorten the urethra of the male cat. Basically they cut off the end of his penis and make it shorter to make it further down the -- the urethra. So then it's a wider opening. So they're less likely to become instructed with a stone.

Q Okay. And you're aware that that type of work has been performed by veterinarians at our general practices, correct?

A Dr. Wihlen stated that, yes.

Q Okay. And likewise, FHO surgeries, those are done elsewhere as well, right? Not limited to VSES?

A Correct.

Q All right. Intestinal surgeries. Those surgeries are done at VSES, right?

A Correct.

Q And they're also done at the general practices, based upon your knowledge, right?

A Yes.

Q Okay. You mentioned a term before CRI. Does that stand for contrast rate infusion?
A Constant.
Q Constant?
A Yes. Constant rate infusion. So if -- if -- you generally put on a syringe pump and it's -- and it delivers opioid, or whatever you have, in there at a consistent rate for the patient.
Q So this is anesthesia-related work?
A Not always. We use them for antibiotic delivery also. So anything -- anything that we don't want to just bolus a large volume to the patient we -- we will use that. But -- but as -- as the reference for earlier, we use them during surgery with -- it -- and so anything can be a, like, a constant rate infusion. The -- like, the -- so it's just surgical. It depends on what you're putting on -- in the syringe.
Q So it could be anesthesia, it could be antibiotics?
A Correct. And it --
Q There's no --
A -- (Indiscernible, simultaneous speech) only give it, like -- like 20 minutes. So it's not -- so it's just delivering it at a certain rate so you're not causing nausea or anything for the patient.
Q Okay. And the doctor would provide instruction as to what rate to provide this CRI?

A Yeah. We have a -- we have a CRI sheet that we make up that -- they -- they would put that on the protocol about the CRIs.

Q So they complete the sheet, they -- you know, the pro -- protocols to follow, and then the tech would implement the protocols?

A Generally, the protocols have a range of, like, an acceptable range on them. And that -- the technician is able to function between the -- the range of that, which is set on the protocol, based on the anesthetic need.

Q And the CRI-type work, that's done at VSES, and that can also be done at the general practices, right?

A Yes. But -- but it's not done at the general practices because they don't have the medication we do. Generally, when CRIs are at VSES, and they -- they don't have fentanyl readily available at -- at general practices.

Q Are you sure about that? Can you say with confidence that Perinton doesn't do those types of procedures?

A I'm -- no. I guess you're right. I'm sorry.

Q One second, please. I have nothing further at this time. Thank you for your time today, Sam.

A No problem.

HEARING OFFICER DAHLHEIMER: Mr. Haller, do you have anything on recross -- or redirect?

MR. HALLER: I have no redirect for Mr. Estes, thank you.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Estes, thank you so much for your testimony and cooperation this morning. You are dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Haller, is our next witness prepared and ready?

MR. HALLER: I certainly hope so. Yep. There she is. Petitioner calls Tamara Day.

HEARING OFFICER DAHLHEIMER: Okay. Please raise your right hand.

Whereupon,

TAMARA DAY

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Thank you. Please state your name and spell it for the record.

THE WITNESS: Tamara Day, T-A-M-A-R-A D-A-Y.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, please proceed.

DIRECT EXAMINATION

Q BY MR. HALLER: Good morning, Ms. Day. Who do you work for?

A Pathway.

Q Okay. And what's your work location?

A Veterinary Specialists and Emergency Service.

Q And what's your job title at VSES?
A I am the imaging team lead.
Q Is that a full-time position?
A It is.
Q Okay. Tell me, just -- just briefly, your history in veterinary health care; your work history.
A I started out at a nonMVA practice as a CSR, and then applied for and got a job at Suburban Animal Hospital as a CSR. Cross-trained to an ACA. Applied for and received a position at VSES as a radiology ACA. Then, I applied for and received a position as radiology/imaging coordinator. And most recently, I became the imaging team lead.
Q Okay. So how long have you worked for the Monroe Group or Pathway in total?
A Seven years.
Q Okay. All right. You said you started out at Suburban?
A I did.
Q Okay. How did you end up at VSES?
A I wanted to expand my skill set and have more opportunities to do more, and wanted the excitement of working in an emergency hospital versus a general practice.
Q So it was on your initiative that you applied for a job at VSES?
A Correct.
Q Did you apply for an opening at VSES or were you

transferred by the Employer to VSES?

A I applied for an opening.

Q And what did you have to do to get the job?

A Had to fill out an application, had a phone interview, and then had an in-person interview --

Q Okay.

A -- and then a working interview.

Q All right. Okay. All right. While you were working at Suburban, did you work any mandatory holiday shifts at VSES?

A I did.

Q Okay. How many times did you do that?

A I believe three times, maybe four.

Q Okay. Did you have to get any training before you did that?

A I did.

Q Okay. What did you do when you were assigned to VSES; do you remember?

A I was a CSR.

Q Okay. Okay. Based on your work experience at VSES, did you -- did you have to get triage training when you came to VSES?

A Yes.

Q Okay. Even as a customer service representative, you need triage training?

A We did.

Q Was that training you didn't have at Suburban?
A Correct.
Q Okay.
A You have to know what qualifies as a stat emergency versus a nonstat.
Q Okay. Ms. Day, did you say stat, or non -- okay.
A Stat versus nonstat.
Q And what does that mean in not -- in layman's terms?
A Something that needs immediate care versus something that can wait to be triaged.
Q Okay. I guess everybody that watches hospital shows knows the meaning of that. But -- I don't watch any hospital shows. All right. Okay. And you cross-trained as an animal care assistant at some point, right?
A I did when I was still at Suburban.
Q Still at Suburban. Okay. Did that job require restraining animals?
A Yes.
Q Okay. And did you also work as an animal care assistant when you came to VSES?
A I did.
Q Was there any difference in the level of restraints you had to utilize? Was there any additional training when you came to VSES?
A Yes, to both of those questions. We -- the level of

restraints at VSES is more intense than that a general practice.

Q How so?

A General practice is usually healthy pets. Whereas at VSES, it can be critically ill pets. I know a big one is that pets that come in who are in a seizure state, trying to restrain that pet safely for the pet and ourselves is quite a challenge.

Q Okay. Is it safe to say that virtually every patient that comes into VSES is sick?

A Yes.

HEARING OFFICER DAHLHEIMER: And it appears as though Mr. Haller's screen may have frozen. Just stand by, hopefully. Okay.

Okay. We're going to get -- we're going to go off the record for a minute and give him --

(Off the record at 11:05 a.m.)

HEARING OFFICER DAHLHEIMER: Thank you. Mr. Haller -- actually, Ms. Day, why don't you -- if you can, refresh us what it was you were being questioned about.

THE WITNESS: I think we had just discussed the different handling between a general practice and emergency.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, go ahead.

RESUMED DIRECT EXAMINATION

Q BY MR. HALLER: Okay. Tamara, I was asking you questions

about restraints, and you described some differences in the kind of restraints you usually have to handle between two facilities. Are the bulk of the patients at the general practice there for wellness visits?

A I don't know what it's like anymore. When I did work there, I would say, yes, the bulk of patients were wellness.

Q Some of them -- some of them are sick, right?

A Correct.

Q Is your testimony that the -- the level of animal distress that might require restraint would never happen at a general practice; or is it just more frequent at VSES?

A It's just more frequent at VSES.

Q At VSES, every -- every animal that comes in the door is sick; isn't that correct?

A I think that every animal is there, even if it's there for a checkup, is there because it's been sick. Yes.

Q Okay. All right. Other than what you've already described, triage and restraints, are there any other differences that required extra training when you came to the AS -- when you came to VSES as an ACA?

A We had -- because I was going into the radiology imaging department, I had a lot more to learn about that position --

Q Okay.

A -- than I had experienced at Suburban.

Q Okay. All right. In your current -- well, tell us

briefly what you do as imaging team lead.

A There's a lot. So I do all the scheduling of outpatients, which includes reviewing the referrals from MVA hospitals, as well as nonMVA hospitals, to see if it's appropriate for outpatient imaging. I schedule all of those appointments. Create estimates needed. I run CT and MRI. I help with holding of patients for ultrasound. I put in charges. I review invoices from our reading radiologists. I'm sure I'm forgetting things. But pretty much do everything involved with imaging.

Q Okay. And what does imaging encompass? Again, you're talking to laypeople here.

A X-ray, ultrasound, CT, and MRI.

Q Do some of the patients seen by imaging come from nonMVA practices?

A Yes.

Q Okay. What proportion of them, do you have any idea, come from nonMVA affiliates?

A It depends on what modality we're talking about. For ultrasound, I'd say about a third comes from nonMVA, but I'm just estimating. For CT or MRI, I think that it's higher that comes from nonMVA.

Q Okay. Okay. Is there any difference in the way the imaging department handles what I'll call nonMVA patients as opposed to the patients referred by one of the general

practices in MVA?

A There is no difference at all.

Q When a -- when a --

MR. HALLER: Excuse me. Let me rephrase that.

Q BY MR. HALLER: So who all works in your department in imaging?

A There is a radiology tech. There is a radiology ACA. Sam works in my department and another stenographer.

Q Okay. Let me ask about patient records. Is there -- is there some kind of program that's used for computerized patient records?

A Yes, all of our GP hospitals use Infinity --

Q Okay.

A -- and then for treatments, we use Instinct. So if a inpatient needs imaging, that is an order that will be put in Instinct for us.

Q Okay. Is Instinct something that the GPs use?

A No.

Q To your knowledge?

A To my knowledge.

Q Okay. Okay. Okay. Are you trained to perform CPA -- CPA -- certified public accounting -- scratch that -- cardiopulmonary resuscitation, CPR?

A I am.

Q On -- on an animal patient?

A Correct.
Q Okay. When did you receive that training?
A When I started at VSES.
Q Did you receive that training when you were at Suburban?
A No.
Q Okay. After you became an animal care assistant at Suburban, you did not receive CPR training?
A I never received CPR training at Suburban Animal Hospital.
Q Okay.

MR. HALLER: That's all I have for Ms. Day. Thank you, ma'am.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, your opportunity to cross-examine the witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Good morning, Ms. Day. How are you today?
A I'm good. How are you?
Q Good, thank you. My name is Jason Stanevich. I am Counsel for the Employer. And I'll have a few short questions for you today. I'm not sure if you were on the line before. I do have a habit of talking, you know, very fast. Spent way too many years in New York City. So if I go too fast, just tell me to slow things down. Okay?
A Okay.
Q So if I understand your background correctly, you first

started with the system at Suburban Hospital, right?

A Correct.

Q Okay. And Suburban is still part of the Pathway system?

A Correct.

Q Okay. And it's -- it's a general practice hospital, right?

A Yes.

Q And you were there for about three or four years?

A I was there for two years.

Q Two years. You started in 2014?

A I started in 2014, yeah.

Q Okay. And when did you move over to VSES, sometime mid-2017?

A I think it was 2016.

Q Okay. Now -- and your position was CSR, correct?

A Yes.

Q And prior to working at Suburban, had you worked in any other animal care settings?

A I did. I worked at a general practice that was not part of MVA.

Q Okay. And what was your position at that general practice?

A I was also a CSR there.

Q Okay. And how long were you in that position?

A I think I was there for a year and a half, or two years.

Q Okay. So eventually you moved over from Suburban to VSES. How far apart are those locations?

A About ten minutes down the road.

Q Okay.

A Because of traffic.

Q And when you were at Suburban, did you interact with other employees at that location?

A At Suburban?

Q Yes.

A Yes.

Q Were there veterinarians at that location?

A Yes.

Q Okay. Were there licensed vet techs there?

A Yes.

Q Animal care assistants?

A Yes.

Q Kennel attendants?

A Yes.

Q Did the Suburban Hospital use the assistance courier to go between locations?

A Yes.

Q And when you were at Suburban, did you interact with the lab at all; did you have to ever reach out to the lab to coordinate test results?

A No.

Q And do you know if any of your colleagues did?
A I don't know.
Q Okay. And likewise, I understand there was a crematorium that's part of the system. Did you ever interact with the crematorium as well?
A When I worked at Suburban, the crematorium was located at Suburban.
Q Okay. And so did you interact with the crematorium, if --
A Yeah.
Q -- if a patient had passed? What was your -- what type of reaction --
A I'm sorry.
Q -- what type of reaction -- I'm sorry -- what type of interaction did you have with the crematorium?
A Well, because we worked in the -- out of the same location, we had normal, everyday interactions. But other than that, it's the normal -- we have to prepare the body by bagging them, getting them ready for cremation, doing paw prints if that is required.
Q And do you know what positions would prepare the body?
A I believe all ACAs and LVTs.
Q Okay. And I know you were cross-trained as an ACA while you were there. Did you do any of that work yourself?
A Yes.
Q Okay. And do you know if the other GP locations use that

crematorium?
A It -- to my knowledge, yes. Unless the client asked to use somebody else.
Q Okay. And did you help the other general practices coordinate use of the crematorium at Suburban?
A No.
Q Okay. Did VSES make use of the crematorium?
A To my knowledge, yes.
Q Okay. And your -- your responsibilities as a CSR, did you have to obtain any special certification, license, registration from the State of New York?
A No.
Q Any accreditation at all needed?
A No.
Q Okay. And what -- what's your educational background?
A I have a bachelor's degree from SUNY Bradford.
Q Okay. And do you know if there's a bachelor's degree requirement for the CSR position?
A Not my knowledge.
Q Okay. Ms. Day, can you walk us through the types of responsibilities you had as a customer service rep while you were at Suburban?
A Answering phones, scheduling appointments for clients, cashing people out, checking people in, communication with the doctor, sending records if necessary. Some basic hospital

maintenance, stocking, filling prescriptions, cleaning rooms.
Q Okay. When you say answer phones, what type of phone calls would you take?
A Phone calls from clients. Try and schedule an appointment, whether their pet was healthy or sick. Clients with questions about their pets or the doctors. And occasionally, there would be some from another hospital.
Q Okay. And when you say for other hospitals, did that include the general practice locations that are part of Monroe system?
A Yes.
Q Okay. And why would they reach out to Suburban?
A If they were looking for records -- is usually what they needed.
Q Okay. And if they needed patient records, would you work on getting the general practices those records?
A Yes, I would email them over.
Q Okay. And I assume that you had the same interactions with employees at VSES, right, at times they would need medical records?
A Yes.
Q And you would send them over to staff at VSES?
A Correct.
Q Okay. And did you ever coordinate with VSES regarding the transfer of a patient from, say, Suburban to the Specialty

Hospital?

A No, that was not in the realm of my duties.

Q Okay. Do you know if anyone did that while you were at Suburban?

A I believe the doctors did.

Q Okay. What about, did you ever have any coordination with VSES to take patients back over?

A That was not part of my duties.

Q Okay. Okay. And then you mentioned some hospital maintenance. What type of maintenance responsibilities did you have at that time?

A Stocking and cleaning rooms, cleaning the waiting area.

Q Okay. Have you ever done that work over at VSES?

A Yes.

Q Okay. What type of hospital maintenance work have you done at VSES -- similar work, different?

A Slightly different. We don't have any -- I personally don't have anything to do with the exam rooms. But I do help clean cages. I clean the imaging rooms, and keep our rooms stocked.

Q Okay. And are there other employees who help do that type of work at VSES?

A Yes.

Q What -- what titles, Ms. Day?

A It's really a requirement of everyone who works at VSES to

help with the maintenance of the hospital and stocking of the hospital to make sure everyone has what they need.

Q So would that include the hospital assistants?

A Yes.

Q Would that include LVTs?

A LVTs. CSRs, I believe, have to stock their area, clean their area. LVTs, EVS, ACAs.

Q Okay. Now, while you were at Suburban, I believe you testified there was some requirement that you pick up a shift occasionally at VSES; is that correct?

A Only holidays.

Q A holiday shift. So -- so employees from the general practices would help staff VSES on holidays to ensure adequate coverage, correct?

A Correct.

Q Okay. And that -- that was a requirement?

A That was a requirement.

Q Okay. And was there -- did you ever voluntarily pick up a shift at VSES?

A I think I did, once, if I remember correctly.

Q So you would agree that there were opportunities there if you wanted to pick up a shift, you could?

A Correct.

Q Okay. And when you did go over and pick up a shift to cover a holiday, you performed CSR work, customer service rep

work, while you were at VSES, right?
A Correct.
Q Okay. And you testified that you received some training before you actually, you know, took on the job at -- VSES, right?
A Correct.
Q Okay. And that -- that was probably a couple hours-worth of training?
A It was, and you had to repeat it each year.
Q Okay. And obviously you understand the VSES processes, just how the workflow works at that location, right?
A Correct.
Q And there's no fundamental difference in the skill set in the customer service work between the locations, right?
A Skill set, no.
Q Okay. So when you were doing the CSR work at VSES, you're doing kind of the same thing, right; you'd answer the phone?
A Yes, but the requirements -- I shouldn't say requirements. What the client is calling in for is quite different.
Q Okay. So maybe just calling in about a different issue with their particular pet, right?
A Correct.
Q But they're -- they're seeking medical services?
A Correct.
Q Okay. And likewise, when you were at Suburban, they would

call, and they were seeking some form of medical services, right?

A Correct.

Q It just may be where on the continuum of medical services, right?

A Yes.

Q Okay. When you were at Suburban, were there surgeries performed at that location?

A Yes.

Q Okay. And some of the phone calls you had, as a customer service rep at Suburban, were to coordinate and schedule surgeries, right?

A Occasionally, yes.

Q Okay. And then those few shifts you picked up as a customer service rep at VSES, I assume you were doing the same thing?

A No. I never scheduled at VSES when -- before I worked there.

Q Okay. And when you were doing customer service rep at VSES, did you have to transmit records anywhere?

A I don't believe so, because I only worked holidays.

Q Okay.

A So GPs weren't open at that time.

Q Fair point. So what type of customer service rep did you work, you know, on the holidays you were at VSES?

A Usually, GP CSRs were put in what they call the phone bank. So all we did was answer phones.
Q Okay. And did you transmit information based upon those phone calls you received?
A I'm not sure what you mean.
Q So you'd answer a phone call. A client is calling for information. They want to schedule an appointment; did they want to share information. Just what type of information were you obtaining on those phone calls?
A We were obtaining information as to why they were calling in, what was wrong with their pet, the signature of their pet, so what they are, canine, feline, why they needed to come in, age, sex, breed. Owner information, get the name, phone number.
Q Okay. And then once you obtained that information, what did you do with it? Did you share it with the doctor, share it with someone else, put it into a computer system?
A We usually put it into the computer system. Always wrote it down on what they call a blue sheet (phonetic throughout), which is a triaging sheet that is attached to each patient as they come in.
Q And where would that blue sheet go?
A It would then live at the front desk until the patient comes in.
Q Okay. And did you have to enter any information into

Infinity?

A Yes.

Q Okay. And did you also have to look up information in Infinity?

A Yes.

Q And -- and you already knew how to use Infinity, because you used it at Suburban, right?

A It's slightly different at VSES. But yes, I already knew how to use it.

Q And if there were any differences, you were able to pick that up quickly?

A Yes.

Q And then, at some point, you did move over to an animal care assistant position at VSES, right?

A Correct.

Q Okay. And there's no state license or certification requirement for that job?

A No.

Q Okay. In fact, you were cross-trained on how to do functions of that position while you were at Suburban, right?

A Yes.

Q Okay. So -- before we get to VSES, tell us about the cross-training that you had at Suburban Hospital.

A I learned some basic animal handling, some monitoring. I learned to record vitals during an OAT procedure, so a dental.

Preparing vaccines for the doctors, drawing them up in some syringes, but not actually administering any of them. Talking to the clients prior to the doctor going in, and then reviewing everything with the client after the doctor.

Q And in performing those duties, did you interact with other positions, like, licensed vet techs?

A Yes.

Q Okay. And was there any overlap in your duties when you're being trained as an animal care assistant with some of the work that was being done by the techs?

A I mean, techs can do all of those things, plus other things.

Q Okay. And have you, in fact, seen techs do those things while you were at Suburban?

A Yes.

Q Okay. And have you seen techs do some of those things -- those things while you're at VSES?

A Yes.

Q Okay. So you have seen techs take vitals at both locations?

A Yep.

Q You've seen techs prepare vaccines at both locations?

A We don't have vaccines at VSES, except rabies.

Q Okay. Have you seen vet techs administer medication at both locations?

A Yes.
Q Have you seen techs draw blood at both locations?
A Yes.
Q Have you seen techs insert or provide anesthesia at both locations?
A Yes.
Q And you mentioned as an ACA when you're being cross-trained, you would -- you would talk to the clients, you know, before treatment and after treatment. Just, can you give us some examples of the types of things you would talk to a client about before treatment?
A What brought them in that day. So if they were looking for vaccines, we would try to know ahead of time what their patient was due for, and then review that with them. Talk about their patient's current health, what their nutrition was, any questions that they had for the doctor.
Q Okay. And then what about post treatment?
A Review any recommendations that the doctor had for that client. Like, if they've recommended preventatives that day, we would go over that option.
Q And likewise, you testified that there's some surgery -- surgeries were conducted at Suburban. Did you have conversations with the clients prior to a surgery and then also after the surgery?
A No. That was all done by a technician.

Q Okay. And now I -- we -- we've heard testimony that there are surgeries done at VSES. You know, do technicians talk to the clients before surgery?

A Yes. At VSES they do.

Q Okay. And do they do it after surgery as well?

A Yes.

Q Okay. So I understand the surgeries may be different, but you know, the interaction with -- with the clients may be the same, that it's being handled by the techs?

A I would say it's similar, not the same.

Q Okay. And when you came over to VSES, this is the first time you were officially in the animal care assistant position, right?

A Full time, yes.

Q Full time. You cross-trained earlier, but this was -- this was now your job -- job?

A Correct.

Q Okay. And -- and as an animal care assistant, you -- you would assist with outpatient restraints?

A I would.

Q Okay. And you had some experience with restraints already when you were at Suburban?

A I did.

Q Okay. And you testified there's some differences in restraints. Did the organization, you know, have to send you

to any school or program to get additional training outside of Monroe?

A Nope, it was all on the floor.

Q Okay. And who provided that type of training to you?

A Experienced ACAs and techs.

Q And the reason that we would provide patient restraints -- and that's to safely and humanely restrain the animals for the exams, correct?

A For their safety and our safety, yes.

Q And so that would be, you know, even if it's an ultrasound procedure, whether it's a surgical procedure, there are times where the patient has to be restrained?

A Correct.

Q Okay. And the level of restraint would depend on the type of procedure, correct?

A It depends on the type of procedure, but also the type of pet that you're dealing with. Some cats are more fractious than others. Some dogs (audio interference) are more difficult to restrain than others.

Q Okay. And are you aware that -- or would you agree with me that the system has provided restraint training for -- for new hires?

A Yes.

Q Okay. And VSES staff attend that animal restraint training, correct?

A As far as I know, yes.
Q Okay. And then likewise, folks in the general practices also attend that restraint training as part of the new-hire orientation?
A I don't know.
Q Okay. Fair enough. And what -- what are your other responsibili -- what were your other responsibilities as an animal care assistant, once you moved over to VSES?
A I was a radiology animal care assistant. So I had to learn how to use ImagePilot, PACS, and help positioning for X-ray.
Q Okay. So there -- there are X-ray machines at VSES?
A Yes.
Q Ultrasound machines?
A Yes.
Q And then, when you were at Suburban, there was an ultrasound machine there, right?
A They had just gotten it when I was at Suburban. It was a small, portable ultrasound machine.
Q And they had several X-ray machines as well, right?
A They had one X-ray machine.
Q Okay. Do you know how many X-ray machines are there now?
A At Suburban?
Q Yes.
A I have no idea.

Q Okay. And there -- there are a number of exam rooms at Suburban Hospital, right?
A There are.
Q Okay. About six or so?
A When I was there, there were five.
Q Okay. And I understand it's been a few years since you've been there. And just going back to -- I'm sorry, I didn't mean to interrupt you there. You were giving us an overview of your experiences as ACA in radiology. The last thing you mentioned was -- was X-rays.
A Yeah.
Q Okay. Anything else that you do?
A At that time, we also had to be cross-trained. So I spent a week with surgery ACAs, and two weeks on emergency medicine as well.
Q Okay. And currently you're within -- you're the imaging team lead?
A I am.
Q Okay. You said you have a RAD tech; is that correct?
A I do.
Q Who is that?
A Kim Turk.
Q Okay. Has Kim worked in any general practices?
A No to my knowledge.
Q Okay. You said you have a RAD ACA, who is that?

A Hazel Bonet.
Q My daughter's name is Hazel.
A It's a good name.
Q It's a -- it's a very good name. Hazel the handful. Has Hazel worked anywhere else within the system, as far as you know?
A She did. She started at Suburban as well.
Q Okay. What -- what was her position at Suburban?
A She worked in the kennel.
Q So she was a kennel attendant?
A Yes.
Q Okay. And are you familiar with the responsibilities of -- of that position?
A Not enough to speak about it, no.
Q Okay. I mean, I -- I know you may not understand all of the duties and responsibilities of the kennel attendant, but a general understanding what a person did?
A Yes. They made sure that the patients were clean, fed, walked, all of that.
Q Okay. Is there someone who does that kind of work at VSES?
A Everyone does.
Q Okay. And when you say "everyone," I just want to get a list of titles from you so --
A Sure.

Q -- we're -- we're on the same page there.
A Yes.
Q So go ahead, Ms. Day.
A Well, I guess everyone wouldn't be quite true. ACAs and LVTs do. Occasionally, doctors take them out. I have seen Andrea take patients out. I've seen Sheryl and Andrea cleaning cages.
Q And just so we're clear, when you say Sheryl, that's Sheryl Valente --
A Yes.
Q -- the director of ecosystems. Andrea, Andrea Battaglia, the hospital administrator?
A Correct.
Q Okay. All right. And you know, that type of work was done by a -- a kennel attendant at Suburban?
A Yes.
Q Okay. Did you do any of that type of work yourself when you were an animal care attendant, or cross-trained as one at Suburban?
A I did.
Q Okay. So no special skill set for this type of work. In fact, everybody jumps in as necessary?
A Correct.
Q Okay. And is there a specific kennel attendant position at VSES, or is it just that system you've outlined where

everybody helps?
A No, we don't have a kennel -- kennel attendants.
Q Okay. All right. So we -- we covered Hazel was at Suburban. Do you know how long she was there as a kennel attendant?
A I don't.
Q Do you recall approximately when she came over to VSES?
A Shortly after I did.
Q And did she have to obtain any special certification or educational requirements to be an ACA?
A No.
Q Do you know what her educational background is?
A I do not.
Q Okay. So we've had Sam testify already. The sonographer, who -- who was that?
A So Sam is one of the sonographers, and Blanca Leal is the other one.
Q And I'm sorry. Blanca, what was her last name?
A Leal, L-E-A-L.
Q Okay. And do you know how long Blanca's been in her current position?
A Just over a year.
Q Okay. And I -- I know that her -- her work title is sonographer. Do you know whether she's a vet tech? Is she an animal care attendant? A different position?

A She is not
Q Okay. Okay. And so she's been in this position for about a year. Where was she before then?
A She moved from Chicago. She used to be a human ultrasonographer, and then I believe she went into the veterinary field about nine years ago.
Q Okay. Do you know whether she's ever worked in a general practice setting?
A Not to my knowledge, but I don't know.
Q Okay. Are -- are you aware of any customer service reps who have moved over from a general practice to take a position at -- at VSES?
A Yes.
Q Okay. And can you -- can you give me a list of names?
A I -- I don't think I can provide a list of names. I just know that there -- there is that crossover.
Q Okay. Are you familiar with the name of -- are you familiar with a gentleman by the name of Brittany Miller?
A No.
Q Okay. And Krystal Contestable? I'm not sure if I'm pronouncing that correctly.
A No, I don't know her.
Q Okay. Are you familiar with someone by the name of Abigail Verna?
A No.

Q Okay. Kendra Clemons?
A Kendra, I -- I am familiar with her.
Q Okay. And -- and she recently came to VSES from a general practice, right?
A Yeah.
Q Okay. And she -- she's a hospital tech, or hospital assistant?
A I don't know what her position is.
Q Okay. And she came to VSES from -- from the Animal Hospital in Pittsburgh, correct?
A I believe that's true.
Q Okay. And do you know what our position was that location?
A I do not.
Q Just bear with me for a moment.
A Um-hum.
Q To go to your current imaging work, I -- I believe you testified one of the things that you do is schedule patient appointments?
A I do.
Q Okay. And tell me, what -- what type of appointments do you schedule, and where are they scheduled?
A I schedule outpatient imaging appointments. Those are the only types of appointments that I schedule. I do not crossover into internal medicine or surgery appointments. They have

their own coordinators.
Q Okay. And the -- these outpatient appointments, are they at VSES, or are they elsewhere?
A No, they're at VSES.
Q Okay. So -- so this is, kind of, some customer service work, where you would call the client to schedule their appointment?
A So a general practice will send a referral to our hospital, I'll review the referral, and then call the client to schedule (audio interference).
Q Ms. Day, you just went on mute.
A There it goes.
Q Oh, okay.
A Sorry.
Q If we can just back up. I -- I -- I think you were explaining the types of appointments you make. You mentioned referrals --
A Yeah.
Q -- from general practice and then it cut out.
A So a general practice will send a referral to our hospital for imaging. I'll review it. Most times, either by myself or with a doctor, if I don't feel I can handle the referral on my own, and schedule it, if it's an appropriate outpatient.
Q Okay. So there's kind of a -- a continuum of care, it sounds like, that an animal may go to the -- a GP. The GP then

reaches out to you at VSES, right?

A I think it's similar as a -- in a treatment hospital.

Q Okay.

A Your general practitioner wouldn't be doing ultrasound or imaging on you.

Q All right. But the -- the general practice reaches out to -- to you as the imaging coordinator, right? In order to make --

A Correct.

Q Okay. And then you will confer with the veterinarian?

A On occasion, I will.

Q Okay. And then you would schedule the appointment at VSES, right?

A Correct.

Q Okay. And when you talk to the -- the general practices, or interact with the general practices, who were you speaking with? Are you speaking with a veterinarian? Are you speaking with someone else?

A I've spoken to veterinarians, and CSRs, and LVTs.

Q All for the -- all to obtain the same type of information?

A Typically.

Q Okay. And this happens on a -- on a regular basis?

A It does.

Q It is fair to say that you're in touch with the general practice on a daily basis?

A I don't know if I call our general practice every day, but multiple times a week.
Q Okay. You -- you also mentioned that you put in charges. Maybe -- maybe you explained what that means. Maybe I missed it, but if you can just --
A Sure.
Q -- explain it again?
A I enter in imaging charges. So if a patient receives an ultrasound, receives a CT, or MRI.
Q So is it like, so get that information, and then you're entering it into a computer system?
A Yes.
Q Okay.
A Into Infinity.
Q Okay. I'm sorry. The name of the system?
A Infinity.
Q Okay. And is -- is this task largely clerical in nature?
A Yes.
Q And do you know, at the general practices, whether there are employees who also enter charges into Infinity?
A There are.
Q All right. LVTs do that work, right?
A I believe so.
Q Okay. Animal care assistants can do that work?
A To my knowledge.

Q A customer service rep certainly could do that work, right?
A Yes.
Q The information that may be entered, is that the same or is it different?
A It's similar, certainly, not the same. The charges at the VSES are quite different than most of the charges at a GP.
Q But the process for entering the data into Infinity, that -- that would be the same, right?
A The process is similar, yes.
Q Okay. And we had some testimony earlier today about Dr. Shaikh. Do you have to consult with Dr. Shaikh at -- at all, the radiologist?
A I do.
Q Okay. So you would send the scans over to Dr. Shaikh and she would interpret the scans?
A Correct.
Q Okay.
A She reads most of our advanced imaging.
Q Okay. And are you aware of the fact that she does that for the general practices as well?
A Not to my knowledge.
Q Okay. When you apply for different positions, obviously you've moved from Suburban to VSES, any contact with human resources at all?

A Yes.
Q Okay. And -- and who did you conta -- have contact with?
A I believe at that time it was Mary Czech.
Q Okay. And that would have been when you moved from a CSR to an ACA position at -- at VSES?
A Correct.
Q Okay. And then since you've been at VSES, I -- I know you've moved through a coup -- a couple different positions. Have you interacted with HR at all?
A Not to move those positions, no.
Q Okay. Did -- did your benefits -- did you participate in the company's benefit plan?
A I do.
Q Okay. And did your benefits change at all when you moved from your CSR position at Suburban to VSES?
A No.
Q Okay. Same -- same benefit plan, correct?
A Correct.

MR. STANEVICH: Okay. Well, Michael, I don't think I have any further questions, but could we just take a five-minute break before I conclude?

HEARING OFFICER DAHLHEIMER: Yeah, that's fine. We will go of the record until 11:57.

(Off the record at 11:53 a.m.)

HEARING OFFICER DAHLHEIMER: Okay. Mr. Stanevich, do you

have any further questions for the witness?

MR. STANEVICH: Just a few more short questions for Ms. Day.

RESUMED CROSS-EXAMINATION

Q BY MR. STANEVICH: Ms. Day, I know you were an animal care assistant for a few years at V -- at VSES. Are you familiar with an employee by the name of Nicole Polachak?

A No.

Q Okay. Are you familiar with an em -- employee by the name of Meghan Bouwens?

A Yes.

Q Okay. And Meghan is an -- an animal care assistant at VSES, right?

A She is.

Q Okay. And she formerly worked as an animal care assistant at Fairview; is that correct?

A I have no idea. I don't know her background.

Q Okay. Do you know an animal care attendant by the name of Bridget Callard?

A I do not

Q Okay. How about Heather Shattuck?

A No.

Q Okay. Carly Raspante?

A I think I know who Carly is, but I'm not 100 percent sure. We have quite a few Carlys.

Q I -- I -- okay. Are -- are you familiar with the Carly that formerly worked as a kennel attendant at Perinton prior to coming to VSES?

A I don't know their background. I'm sorry.

Q That's okay. And then just one more thing. Going back to medical record systems. Infinity, that's the official patient medical record, correct?

A Correct.

Q Okay. And the Instinct system is more of whiteboard technology to help track patients across the hospital while they're there?

A It is our treatment sheets. It's all electronic treatment sheets.

Q Okay. And it's -- it's primarily used to manage the volume, right?

A I'm not sure I understand that.

Q Well, let me ask you a different way. It's not the official medical record for patient, because that's Infinity?

A It's part of their official medical record.

Q Okay. Is it linked to Infinity at all?

A No.

Q Okay. And are you familiar with a -- a -- a Carly who has helped out in ultrasound?

A I -- yes.

Q Okay.

A I'm trying to think of which Carly you're talking about, so yes.

Q Okay. Are there -- are there more than one Carlys who have helped out in ultrasound?

A There's a surgery tech by the name of Carly that has helped in ultrasound, and there's an ACA that worked part time who has helped.

Q Okay. All right. Thank you, Ms. Day.

MR. STANEVICH: Nothing further.

HEARING OFFICER DAHLHEIMER: Mr. Haller, any redirect for the witness?

MR. HALLER: Just a couple.

REDIRECT EXAMINATION

Q BY MR. HALLER: Ms. Day, Mr. Stanevich asked you some questions about your -- the restraint training you received. When did you first receive restraint training?

A When I was at Suburban.

Q Was that when you were becoming cross-trained as an ACA?

A Correct.

Q Okay. Did you receive any further restraint training when you came to VSES?

A I did.

Q Was it the same thing, or different, or what was it -- why did you get more restraint training?

A It's slightly different at VSES in a general practice

because we're seeing more healthy patients or less ill patients. You can use, like, a treat system with them. So peanut butter and a spoon, or biscuits, or sometimes even toys to help with restraint, and that is not something that you can use at the VSES because they are usually more critically ill.

Q Okay. Mr. Stanevich asked you some questions about when you were working as a CSR, about taking calls from patients being referred from other Monroe Group facilities. Did you also take calls from patients that had no affiliation with MV -- Mon -- I'm sorry -- the Monroe Group?

A I did.

Q Is there any difference whatsoever in how you handled those calls?

A No.

MR. HALLER: Okay. That's all I have. Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any recross?

MR. STANEVICH: Sure.

RECROSS-EXAMINATION

Q BY MR. STANEVICH: Ms. Day, this additional restraint training, what did that training consist of, and how long did the training last?

A I can't remember exactly how long the training lasts. I think it was based on how quickly you picked up on things, but having to restrain something that is actively seizing, that has been hit by a car, actively dying, things like that require a

different amount of restraint, so you have to know how to best restrain for the animal to be safe and for your tech and doctor to be safe.

Q And this training was provided right after you came over to VSES?

A Correct.

Q And do you recall who provided the training to you?

A I don't.

Q Did you receive any study materials?

A We did.

Q Okay. And was this is a multiday training course, or did you just go through this as you were faced with a particular patient?

A It -- our training lasted over a couple of weeks, so it was all on the job training.

Q Okay. But understanding that you've a couple of weeks training, but when you say a couple of weeks, was that just on restraints?

A No, it was all mixed together, so it was just part of the training period.

Q Okay. Approximately how much time do you think you spent learning additional restraint procedures?

A I don't -- I can't answer that. I don't know.

Q Less than one day?

A I don't believe so. It's usually based on when patients

come in, so you can't predict how you're going to have to restrain until a patient is in the hospital, and then, that is taught to us as we're working.

Q So that -- that was my question before. The -- the additional restraint procedures would be demonstrated to you when you were faced with a particular situation, correct?

A Correct.

MR. STANEVICH: Nothing further. Thank you.

HEARING OFFICER DAHLHEIMER: Thank you very much for your testimony this morning, Ms. Day. You're dismissed.

MR. HALLER: I've got one -- I've got a redirect.

HEARING OFFICER DAHLHEIMER: It's my understanding there is no re-redirect.

MR. HALLER: So be it.

HEARING OFFICER DAHLHEIMER: Ms. Day, you're dismissed.

Mr. Haller, do you -- is your next witness present and prepared to testify?

MR. HALLER: Yes.

HEARING OFFICER DAHLHEIMER: Mr. Kotecki, is --

MR. KOTECKI: That's me.

HEARING OFFICER DAHLHEIMER: Okay. Please call your next witness.

MR. HALLER: Petitioner calls Adam. Adam Kotecki.

MR. KOTECKI: Yep.

HEARING OFFICER DAHLHEIMER: Good morning, Mr. Kotecki.

MR. KOTECKI: Good morning.

Whereupon,

ADAM KOTECKI

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state and spell your name for the record?

THE WITNESS: It's Adam Kotecki. That's A-D-A-M, and Kotecki is K-O-T-E-C-K-I.

HEARING OFFICER DAHLHEIMER: Mr. Haller, go ahead.

DIRECT EXAMINATION

Q BY MR. HALLER: Okay. Mr. Kotecki, who do you work for?

A VSES.

Q Okay. And where -- well, you work at VSES. Okay. What -- what's your job title at VSES?

A Currently, I'm a internal medicine animal care assistant.

Q Okay. Tell me about your work history as it relates to, you know, veterinary animal care.

A Okay. Originally, about seven or so years ago, I looked into -- I was looking for a, you know, small part time job somewhere just to keep myself occupied in the animal field. I found Penfield. So at that point, I had no idea about, like, technicians, ACAs, nothing like that. So it was with Penfield for a little bit, at which point, Kathy Sercu kind of pointed me towards VSES, saying how I would really like that building

and that experience much more than a general practice, which at that point, I transferred to VSES.

Q Okay. You say you transferred to VSES. Did you have to apply?

A Yes.

Q You had to interview?

A Oh, yes.

Q Just like applying for a job off the street, right?

A Yes. I had to fill out a application, although it was a internal application. Still had to send in my resume, and then I got a phone call from one of the HR people asking me questions. Then I had a welcome interview, and -- and an interview with the manager at the time.

Q Okay.

A And that was for inte -- that was -- and that was for ER, for emergency ACA.

Q Okay. So you started in emergency?

A Yes.

Q And when was that?

A It's about six-and-a-half years or so ago.

Q When were you shifted, or when did you shift over to internal medicine?

A Full time, about a year ago. But I've also been picking up plenty of shifts with them for months before that.

A Okay. If you know, tell me how many shift slots there are

in a typical day in internal medicine for staff. That's non -- nonveterinarian staff.

A Yeah. So right now, on the days that I work, so like Monday, and Tuesdays, for example, we have two ACAs, and we have, and then I think, four to five technicians.

Q Okay.

A On a day like a Friday, typically, we only have one doctor, so we have less staff in the day.

Q Okay. For those of us who don't watch hospital shows very often, what is internal medicine?

A It's just, like, more of a specialty. Some doctors are more familiar with different circumstances when it comes to veterinary medicine.

Q Okay. What, in general, is done in the -- in the internal medicine department at VSES?

A We do a lot of, like, upper, lower scopes. We do, like, colonoscopies, we do a lot of tumor therapy, deal with a lot of patients that have blood cancers, like lymphoma.

Q Okay. Is that an exhaustive list, or kind of an example of the major things that you guys do?

A It's more of an example.

Q Okay. Do all the pets seen in internal medicine, come from another -- a Monroe Group general practice, or do some of them come from independent practices, who are otherwise not --

A Um-hum.

Q -- affiliated with Monroe Group?
A Yep. Some come from Monroe Group. Others come from even Buffalo.
Q Okay.
A If they're not affiliated with Monroe Group.
Q All right. Do you have any idea what the proportion is between Monroe-affiliated and nonMonroe-affiliated patients?
A Percentage-wise? No, I -- I really don't know.
Q Okay. Any difference in how patients are handled, or how their records are handled, or anything else?
A Well -- well, when we get a referral from -- regardless, it doesn't matter which general practice it is, MVA or nonMVA Groups, they'll send a referral, and then myself or one of the technician, or a coordinator will call that practice and ask for all the records, and then they email that, and then we link it to their records here.
Q Okay. And getting the records -- asking for and getting the records is no different if they're an MVA practice or a nonMVA practice?
A Nope, no different.
Q Okay. Okay. Let me ask you about some procedures that may or may not be performed at -- in internal medicine at VSES. You mentioned scopes. We're talking about endoscopies?
A Yep.
Q Okay. All right. Is that something that your department

regularly performs?
A Yes.
Q Okay.
A Yep. Because you need the appropriate equipment to actually do it.
Q To your knowledge, is there the appropriate endoscopy equipment at the general practices?
A To my knowledge, there is not, no.
Q Are patients regularly referred to VSES from the Monroe general practices specifically for endoscopies?
A Sometimes, yes.
Q Okay. Any particular training or skills that the staff needs to know when working with a patient that's had an endoscopy?
A I mean, you need to know how the equipment works, and how to set up the equipment.
Q Okay. Okay. What's a rhinoscopy?
A A rhinoscopy -- well --
Q Doesn't involve a rhinoceros, I take it?
A It doesn't involve a rhinoceros, no. It's just they perform a scope that goes through and just looks in the insides of the patient.
Q So how is that different from an -- another kind of endoscopy?
A Well, there's different type of scopes. So there's, like,

foreign body scopes. They do scopes so they can see, like, what's going on in the inside of the patient, you know?

Q Um-hum.

A So they can, you know, like -- like any cancers or tumors so that the doctors will need to see what's going on on the inside of the patient. And there's, like, foreign body scopes. You know, obviously the dog ate something, and it might just be, like, in -- and it's stuck somewhere, and you go with a scope to locate the foreign body object, and then you use, like, grabbers to go through the scope and kind of, like, retrieve the item. Take it out.

Q Okay. To your knowledge, is -- do the general practice have the ability to perform rhinoscopies?

A To my knowledge, no. To my knowledge, I don't think any general practice has actual, like, scopes.

Q Okay. And they are performed at VSES?

A Yes.

Q What's an endotracheal wash.

A It's -- a wash of the trachea. So like, the technicians and doctors would perform that to kind of, like, clear out the area.

Q Okay. What we've been discussing, at least up to now, They sound like they're diagnostic procedures, at least the -- the scopes are; is that --

A Yeah, because we need to kind of like figure out what's

going on. So like, if a patient goes to, like, a general practice, and he's sick, he's coughing, and you know, the general practice can't figure out what's going on, they'll send him up to internal medicine to kind of figure out what is going on.

Q Is an endotracheal wash a diagnostic or a treatment procedure?

A I guess it could be considered both.

Q Okay. Is that something that's done at the general practices, to your knowledge?

A To my knowledge, no.

Q Okay. And they are performed at VSES?

A Yes, their internists.

Q Okay. What's a bronchoscopy?

A It's basically a scope of the yeast bronchitis area.

Q Performed at VSES?

A Yes.

Q I should say VSES internal medicine; that correct?

A Yes.

Q Okay. What's a cystoscopy?

A I'm not really familiar.

Q Okay. There's something called an NG tube placement?

A Yeah.

Q What's that?

A So it's a tube that goes from the nose to the stomach.

It's just for like feeding purposes or to focus on the stomach.
Q Okay. Is that performed at VSES internal medicine?
A Yes.
Q Is it performed at the Monroe general practice itself?
A To my knowledge, I do not know.
Q Okay. Okay. I think you mentioned chemotherapy. So chemo -- various kinds of chemotherapy are performed on cancer patients at VSES internal medicine?
A Yes.
Q Okay. Is there any -- to your knowledge, is any chemotherapy performed at any of the Monroe Group general practices?
A I do not know.
Q Okay. Do you know what a PEG tube is?
A I do not.
Q Okay. All right. Can you think of any other sorts of diagnostic or treatment procedures done by internal medicine at VSES that, to your knowledge, aren't performed at the general practices?
A No, not really. I mean, to my knowledge, I don't really know what a lot of the general practices do. I can't imagine they do a lot of this stuff that internal medicine does because otherwise they wouldn't be transferring over to us.
Q Yes, exactly the question I was going to ask you. Can you think of any reason why the general practice would be referring

it to VSES if it was something they could do themselves?
A No.
MR. STANEVICH: Objection. La -- lack of foundation. This witness is not qualified to answer medical-related questions.
MR. HALLER: This is not a medical-related question. It's just a simple, like, workflow thing. Why would they be sending this work to it if they were capable of --
HEARING OFFICER DAHLHEIMER: I'm going to --
MR. HALLER: -- doing it themselves?
HEARING OFFICER DAHLHEIMER: -- overrule. He's entitled to ask -- ask the witness about his opinion on this matter.
You may -- you may answer the question.
THE WITNESS: Could you repeat the question again, though?
Q BY MR. HALLER: Yeah, and correct me if I get it wrong.
A (Indiscernible, simultaneous speech) --
Q The procedures we've been describing that are routinely referred by the -- by the Monroe Group general practices, I mean, based on your knowledge and experience, obviously, can you think of any reason why they'd be referring them over to VSES if they could do them themselves at the general practices?
A I do not know.
Q For some time now, VSES has been a very heavy workload; isn't that correct?
A Yes.

Q If there's some work that the general practice can do, they've actually been trying to do that to relieve the workload on VSES; isn't that correct?

A Yes.

Q Okay. All right. Okay. There's been some testimony already -- already but let me ask you so we make sure we've got all this on the record. To your knowledge, are there certain pay differentials that you get as a VSES employee that other people in the Monroe Group don't get?

A Yes.

Q And what are they, to your knowledge?

A Obviously, you get on top of the 75 cents that everyone gets at VSES because it's work -- working into the building, there's a $2 differential for evening staff. There's a $4 differential for overnight staff, and there's also a new differential for, I believe, overnight staff, which is also an extra $2 for staff that worked there a minimum of at least two days a week, and if they continue with that work for two years, they get to keep that $2 regardless if they move down to days or evenings.

Q There's been some testimony about some kind of computer program called insight; do you know what that is?

A Instinct?

Q I'm sorry, Instinct. Insight, Instinct, what's the difference? Instinct, sorry.

A Yeah.
Q What is Instinct?
A So Instinct would be our treatment sheet. So basically, you -- when we get a patient in, we start the treatments or the doctors put up their orders, you know, and every, like -- depending on, you know, the patient, so like every two to four hours, we would do its treatments on, like, its vitals, its fluid nodes. If a patient needs medications, obviously, the doctor would put down that this patient needs medications every 8 or 12 hours, depending on the medication or patient. And it's just basically there to ensure that those treatments are done.
Q Okay. To your knowledge, do any of the other Monroe Group facilities have Instinct?
A To my knowledge, they do not.
Q Okay. There's been testimony, quite a bit of testimony, about the holiday shift requirement --
A Uh-huh.
Q -- for staff members that are outs -- at the outs -- outside facilities, the general practices --
A Yep.
Q -- at -- at VSES. You're -- you're a will -- you're aware that on holidays, some non-VSES staff are -- are assigned or at least on call?
A I sure do.

Q Okay. Based on your experience and observations, what are those kind of staff members -- and we're talking about LVTs and ACAs, what are they --

A Uh-huh.

Q -- generally assigned to do in internal medicine because that's where you've been.

A Internal medicine is not on holidays, so like --

Q Oh, I'm sorry.

A -- (indiscernible, simultaneous speech).

Q (Indiscernible, simultaneous speech).

A No, no, no. It -- it's (audio interference) on holidays, but I like to pick up a lot of holiday shifts because why not.

Q Were you in -- well, let me see. Were you in -- were you in emergency for a while?

A Yes, for a long time.

Q Okay. The holiday -- the holiday duty folks, what --

A Uh-huh.

Q -- do they do in emergency on the holidays?

A So like, we have this in, like, groupings. You know, we have, like, the intermediate section now. We have the ICU. We have receiving, and we have procedures. Generally speaking, people who come in from general practices are often put on procedures, and they try to knock out some of the procedures or also intermediate section. They definitely try to clear them from not going into, like, the ICU or even triaging.

Q And why is that?
A The ICU is actually dealing with a lot of critical patients, so you try to have people -- you know, try to put people in those -- in that block, people that are very experienced, and they know that they've been dealing with critical patients, so they can tell, like, hey, this patient is not doing well, and we kind of like anticipate things, and so just a skill that people learn on the job while working at VSES and -- and ICU. Triage-wise, the skillset for triaging, can't necessarily say for general practice as much, but obviously, we see a lot of sicker patients and patients -- you know, people bring in patients that you don't want to bring in to VSES, so we don't really see many healthy things, and it's our job to, you know, triage them, get the vitals, get a history, and kind of determine, like, how stable is this patient. So like, if this patient is stable, you know, we let the owners know. Like, if a patient's really sick, well, we tell the owners, you know, like, we can try to bring them in you know, into a treating room. I would like to take a look at him, but otherwise, try to triage them away, and that's based on our experience that we've learned in the experience at VSES that many of the general practice, those people just don't have.
Q All right. Based on your experience, are folks at the general practice likely to have less exposure to triage situations?

A Yes, for, like, sicker patients. You know, I mean, they do have a pretty good volume of patients that come in for, like, routine exams, so when they tirage their patients, like, they very well know what's going on with that patient because he's there's for, like, his routine examination kind of a deal. Whereas in many cases, all we know is that this dog got hit be a car or this dog's just vomiting having -- or having diarrhea. Other than that, we don't really know much of the history on that patient.

Q Okay. Let me shift gears a little bit. Back -- back to the holiday mandatory shifts --

A Uh-huh.

Q -- that the outside folks have to work, are holiday shifts, at least just the openings, the staffing posted in advance?

A Yes.

Q How far in advance?

A At least half a year. A lot of those shifts, you know, they are like regular VSES people might be covered for the whole year, so like, when they -- when, like, someone comes up with the schedule, like, you know, like, you have to work this holiday and like, this Christmas or this New Year's ahead of time.

Q So would everybody at VSES know what the holiday -- what the holiday staffing is like for the upcoming, like,

Thanksgiving, Christmas, that sort of thing?
A In part, yes. You know, like, I mean, obviously, like, if it's January 1st or January 2nd and you're looking at the schedule for Thanksgiving later on in the year, you're going to have much positions already filled, but there's also going to be a lot of holes there as well.
Q Okay. Have you consulted those schedules and are you generally familiar with the number of slots available?
A Uh-huh.
Q And the number of slots that are generally assigned for the outside folks?
A Yes.
Q Okay. Approximately, how many total shifts for staff, and again, I'm talking about nonveterinarian staff --
A Uh-huh.
Q -- are --
A So we have like --
Q -- scheduled per holiday?
A All right, but between CSRs, coordinators, ACAs, technicians, there's about 55 or so --
Q Okay.
A -- shifts open in a -- in a day.
Q All right. And how many are typically assigned to the outside folks?
A Usually between, like, four to six. A lot of the outside

folks also take on-call shifts, which count as one of the requirements.

Q My understanding based on prior testimony is the on-call shifts don't -- they may not actually work, they're just on call; is that --

A Yes.

Q -- correct?

A Yeah. So yeah, just because you're on call, you know, and that takes care of your commitment, it doesn't mean that you're going to get called. I mean, in -- in my history, when we know who's on call, and we know that it's someone who's, like, from general practice, we tend to try not to call them because our workload is so overloaded that we don't know that that person from the general practice will -- will to be not that much of a help.

MR. HALLER: That's all the questions I have. Thank you, Mr. Kotecki.

THE WITNESS: Sure. Thank you. Hi, Jason.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, your wit -- your witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Mr. Kotecki, how are you doing today?

A Wonderful.

Q Good, good. Just a few short questions for you. You worked as a kennel attendant at Perinton for --

A Yes.
Q -- a few years, unless --
A No, no. Wouldn't have been years. I think it was mostly just like months, maybe under a year.
Q You started in 2014, late 2014?
A Probably, yes.
Q And you moved over to the VSES around maybe mid-2016?
A I guess, if that's what your records says, then yeah. I don't really keep track.
Q Okay. And your -- your position at the time was kennel attendant, right?
A Yes. Yeah.
Q And that's the only position you've held at a non-VSES location, right?
A Yes.
Q Okay. And you haven't worked at the general -- the general practices?
A No.
Q Okay.
A Other than at Perinton, right.
Q Right. Right, other than Perinton. And then as a kennel attendant, can you give us an overview of your duties and responsibilities?
A So as a kennel person, obviously, they have -- Perinton has boarding, so you know, people would bring in their pets to

board. We would check them in. We would set them up in cages, and then basically make sure that they had food and water. They'd be -- if they wanted to, like, playtime, we would take the patients, our -- the boarding pets down to a -- the -- the basement area, where we have a -- a little playtime pen.

Q Okay. Any special certifications or licenses required for that position?

A Oh, no.

Q Okay. Any college education requirements?

A No.

Q Okay. And when you were in that kennel attendant position, were there other titles that would assist with the -- the type of work you described?

A Sometimes, yes. Sometimes one of the technicians or the ace -- ACAs would help out a little bit.

Q Okay. And when you say technicians, you mean, a lic --

A LVTs, yeah.

Q -- a licensed vet tech --

A Yeah.

Q -- would help with that work as needed, and --

A Yes, yeah.

Q -- likewise, an animal care assistant would help with that work as needed, right?

A Yes.

Q Okay. And we -- we've heard some testimony earlier today

that the kennel assistant position does not exist at VSES; is that right?

A It does not, no.

Q Okay. And -- and some of the work that you described the kennel assistant performs at Perinton, who performs that type of work at VSES?

A A lot of those. Like, what do you mean?

Q Any of those examples of work performed at VSES.

A As a kennel person?

Q Yeah.

A So the only thing that I would do at the kennel that I would do at VSES is, like, clean cages. So like, at VSES, I did clean cages. You know, occasionally, I would, like, sweep and mop the floor, you know, and ace -- other ACAs at VSES do it. L -- LVTs do it. Andrea has done it, cleanup time, as well, and so has Sheryl.

Q Okay. How -- how --

A (Indiscernible, simultaneous speech) --

Q -- often do you clean cages at VSES?

A Regular basis. I mean, we have patients come in and going all the time, so once we take a patient in, and then that patient gets discharged, then you know, leaves the kennel, his cage at the VSES, that cage needs to be cleaned by myself or someone else relatively quickly because we're probably going to be bringing something else in shortly.

Q Sure. And in terms of, you know, providing food and water to the dogs at VSES, have you done that work, as well?
A Yes.
Q Okay. And I assume there are times you have to walk the -- the pets, right?
A Uh-huh, yeah.
Q Okay. And so some of that, the kennel attendant work that you did, same type of work at VSES, right?
A For walking and cleaning cages, yeah.
Q Yeah. And you've done that as an animal care assistant, right?
A Yes.
Q Other animal care assistants at VSES have done that work?
A Yes.
Q LVTs have done that work, correct?
A Yes, correct.
Q Okay. And then, at some point, when you were at Perinton, you -- you had applied for an animal care assistant position at VSES, right?
A Yes.
Q And you talked to Kathy Sercu about that?
A Yes. Because I would also -- while, you know, doing kennel, kind of like (audio interference) -- make my way towards the -- the treatment room at Perinton. I would help Kathy and some of the other positions there with restraining

the patients, and that's when we -- Kathy suggested that VSES would probably be a better and more plain fit for myself because she's into -- I really like to do a lot of the patient care stuff which --

Q (Indiscernible, simultaneous speech) --

A -- at that point --

Q I'm sorry, what was Kathy's position at that time?

A At that time, I think she was just an LVT. I don't think she was a supervisor yet or the hospital manager at that point yet.

Q All right, and at that time, you -- you wanted to become an animal care assistant, right?

A Once she told me about it, yes. I mean, before she brought up VSES, I actually had no idea that there was a emergency hospital, an area.

Q All right, and -- and -- and did she tell you that there were no position -- no animal care positions available at Perinton but there could be one at VSES?

A That I do not remember.

Q Okay.

A I just know that she was -- she mentioned to me that VSES and how the emergency department works and how we get more critical things, and that she believes that I would enjoy that a lot more.

Q Okay. You applied for the position?

A I did.
Q And how -- how did you do so?
A I filled out one of the internal applications, and then a courier took it to whichever HR building we have, and then two weeks later, I got a phone call from one of the HR people.
Q Okay. And -- and where did you get that internal application?
A Kathy gave it to me.
Q Okay. And then the HR building, is -- is that over at, like, 524 White Spruce Boulevard by the hospital?
A Yes. I don't know if they were there when I transferred of if they were in Pittsford because at that point, I really had no idea that the emergency group, they even existed.
Q Okay. And do you recall who from HR you spoke to about this position?
A I do not know.
Q Okay. And you interviewed. Who did you interview with?
A I interviewed with Evelyn (phonetic). Honestly, cannot remember her last name. I don't think she works there anymore. I know she went on leave during COVID and since hasn't come back.
Q Okay. And -- and -- and actually, if I recall, HR was over at the Animal Hospital of Pittsford at the -- for a while, right?
A I believe so, yes.

Q Okay. And that -- that --
A But I do not know.
Q But you know of that location, right?
A Animal Hospital of Pittsford? Yeah.
Q That's another general practice location?
A Yep.
Q Okay. And actually, let's go back to your -- your kennel attendant duties.
A Uh-huh.
Q Did you have to chart or keep track of, you know, bowel movements for the pets?
A Yes. I believe so, yeah.
Q And what was the process for recording that information?
A Just on, like, a sheet of paper that's, like, printed out with, like, the -- you know, the little squares on it and charts. We would mark it off that this person has -- or this patient has defecated or urinated or ate or drank food, and the kennel attendant --
Q And then that --
A -- (indiscernible, simultaneous speech) check mark.
Q And that same process is -- is followed at VSES, right?
A Yes. Yeah, now, it's for the past few years, it's electronically, but yes.
Q And -- and you testified you were -- you worked in the emergency department at VSES --

A Yes.
Q -- for a few years?
A Yeah.
Q Okay. And you would work side by side with LVTs, I assume?
A Yes.
Q Okay, and there are times where LVTs from the general practices would work in the emergency department, as well, right?
A That's true.
Q They -- they would pick up holiday shifts there?
A Yes.
Q And they would also be able to pick up other open shifts, correct?
A They would be, yes.
Q Okay. And some of the work that would be performed in the emergency department, that -- that would include inserting IV catheters, right?
A Yes.
Q And licensed vet techs from -- regardless of their location, they would have the ability to insert an IV catheter?
A Yes. Yeah, but to my -- in my experience, as it happens, the catheter placement varies differently by different animal and also with severity of the sickness. So like, if we get a patient at VSES that's really sick or you know, like, they're

cold, the catheter placement is a lot harder to put in than it is in a animal that's healthy.

Q But you don't perform that work yourself, right?

A I do not, no. The --

Q Okay.

A -- I hold off to the veins and --

Q All right --

A -- you know, but --

Q And in fact, you can't perform that work because you're not a licensed tech, correct?

A Nope, that's true.

Q Okay. And the LVTs would administer medicine in the emergency department?

A Yes.

Q Okay. And that's work that you're unable to do, as well, right?

A Depends what kind of medicine.

Q Okay. So there's certain medicine that you can provide, certain medicine that you cannot?

A Yes. Yeah, so noncontrolled medications, I can give. If noncontrolled and non-, like, IV medications, so.

Q Okay. You testified a little bit about endoscopy, rhinoscopies. You don't perform those services, right? You more assist with the cleaning and setting up the equipment, right?

A And setting up, yep.
Q Okay. And you were provided on-the-job training on how to clean the equipment and to set up the equipment?
A Yes.
Q Okay. And there's also --
A Yeah.
Q -- a man -- like, there's also like a guidebook you can consult in terms of, you know, how to -- to set up or clean certain pieces of equipment?
A Yeah, there is.
Q Okay. You mentioned end -- endio -- endotracheal wash. That -- that work is done by the general practices, too; is it not?
A I cannot speak to that because I don't --
Q Okay.
A -- really know what general practice is, so --
Q No, that's fair, and I don't -- if you don't know --
A Yeah.
Q -- don't -- don't want you to speculate.
MR. STANEVICH: Okay, I have nothing further.
HEARING OFFICER DAHLHEIMER: Mr. Haller, any redirect?
MR. HALLER: I have no further questions. Thank you.
HEARING OFFICER DAHLHEIMER: Okay, Mr. Kotecki, thank you very much for your testimony and cooperation --
THE WITNESS: Okay.

HEARING OFFICER DAHLHEIMER: -- this morning. You're dismissed.

THE WITNESS: All right. Yep, good day.

HEARING OFFICER DAHLHEIMER: Mr. Haller, is your next -- well, maybe before we -- we're getting into the lunch hour here, so maybe we should talk about logistics here. Do we want to take a lunch before the next witness or after the next witness, and is your witness present and prepared to begin testimony?

MR. HALLER: She should be here. Let me look at my full screen here. Yep, she's here.

HEARING OFFICER DAHLHEIMER: Okay. Would the -- you get -- just a rough estimate, and your -- you won't be held to it, do you -- do you have any idea how long direct will take?

MR. HALLER: I'll preface it be saying my estimates are almost en -- always useless. 20 minutes.

HEARING OFFICER DAHLHEIMER: Okay. Keeping in mind direct will take perhaps 20 minutes, perhaps, you know, a -- a substantially different amount of time, would we prefer to take lunch now or later?

MR. HALLER: A matter of indifference to me.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any preference?

MR. STANEVICH: It -- it's the same. Maybe we go through this witness, and then reconsider the lunch break.

HEARING OFFICER DAHLHEIMER: Sounds good to me. If you -- Mr. Haller, if you'd please call your next witness?

MR. HALLER: Petitioner calls Tara McGrain.

HEARING OFFICER DAHLHEIMER: Good morning.

MS. MCGRAIN: Good morning.

HEARING OFFICER DAHLHEIMER: Please -- please raise your right hand.

Whereupon,

TARA MCGRAIN

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state your name for the record and then spell it.

THE WITNESS: Tara McGrain, T-A-R-A M-C-G-R-A-I-N.

HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you.

DIRECT EXAMINATION

Q BY MR. HALLER: Tara, who -- who is your employer?

A Pathways (sic) at -- at VSES.

Q Okay. And what's your current job at VSES?

A I'm an animal care assistant with the surgery service.

Q Okay. Do you know what your job title is listed as by the Employer?

A I think that's it: animal care assistant, surgery.

Q Okay. Would that be an ACA II?

A Yes --
Q Okay.
A -- it could be.
Q Are you full time?
A Yes.
Q Okay. Tell me about your background in, you know, animal health care.
A This job is it. I started it in May of 2016. This is my first veterinary job.
Q Okay. Were you hired as an animal care assistant?
A Yes, I was.
Q Okay. At VSES?
A Yes, and in the surgery department.
Q Okay. Have you ever picked up voluntary shifts at other Monroe Group locations?
A I did once in my first year at Companion Animal Hospital. I picked up a Saturday shift --
Q Okay.
A -- and then, a couple years later, I picked up a few shifts at the urgent care.
Q Where's that located?
A At Animal Hospital of Pittsford.
Q Okay.
A And at that point, it was just Sundays.
Q Anything in recent years?

A No.
Q Okay. Were those all shifts that you voluntarily picked up yourself?
A Yes.
Q Okay. Okay. And where in -- what department in VSES are you -- are you in now?
A I'm in surgery again.
Q Okay, that's right.
A I did a brief stint in imaging.
Q Okay. Are there ever any -- and -- and -- and these questions are referring to staff -- nonveterinarian staff. Are any nonveterinarian staff ever assigned work in surgery, to your knowledge?
A Not unless they're employed by the surgery service specifically.
Q What does -- what does --
A So --
Q -- that mean --
A -- meaning --
Q -- employed by the --
A -- like --
Q -- surgery service?
A -- I have -- there's, I think, right -- currently five other animal care assistants that work only for the surgery department --

Q Uh-huh.
A -- and we have about six or seven technicians, LVTs, that works only for the surgery department.
Q Employees whose home, their regular assigned work location is one of the general practices outside VSES, to your knowledge and your experience in -- in surgery, are they ever assigned to surgery?
A No, I have never experienced one working in surgery.
Q Okay. That -- would that include somebody working on a holiday shift as well as taking a voluntary shift?
A Correct.
Q Okay. Okay. Patients in surgery, are you aware of whether patients come from -- you know, are referred by a non-Monroe Group facility or a Monroe Group facility?
A I don't typically see the referrals, so I'm -- I know some do come from outside. My mother's dog was -- had to come in not that long ago for a consult with one of the surgeons, so -- and her veterinarian is not within the Monroe Group.
Q Okay.
A So I know --
Q So would --
A -- well, they come from both.
Q So would it be safe to -- okay, you just answered the question. Does it make any difference in how the patients are handled, either the patient themselves or the paperwork,

whether they're referred by another Monroe Group practice or not?

A Not to my knowledge, but I don't have a lot of experience on that end of it.

Q Okay. All right. As part of your job, do you ever -- are you ever required to access patient medical records?

A Not usually required. I do sometimes to see what -- like, if it's a patient that I'm going to be working with that day, just to see what they're here for, you know, just to kind of get information so I know how to prep the patient for surgery --

Q All right.

A -- if there's any behavior warnings or anything like that.

Q All right. Do you have any knowledge about whether there's any difference between a -- a Monroe-group-referred patient as opposed to a non-Monroe-group patient as to getting or using or transmitting their medical records?

A Not that I'm aware of.

Q Okay. Okay. Does the Monroe Group or Pathway Veterinary Alliance (sic), to your knowledge, have some kind of centralized billing for the patients?

A Not in my experience, no. I've -- I receive a separate bill from -- I take my pets to Perinton --

Q Okay.

A -- Veterinary Hospital, and when I have a bill from the --

you know, from pe -- Perinton, I get a bill from Perinton, not from any centralized location.

Q Okay, so it appears they've been sent from Perinton in the Rochester area?

A Yeah, they'll usually courier it over, and it'll end up in my mailbox.

Q Okay. Have you taken your dog for an appointment at Perinton since Pathway became the owner of the Monroe Group?

A I've taken my cat.

Q Okay, so the -- all right, there's been a pet, a pet.

A Yes, a pet, yeah.

Q Okay. And the bill came from Perinton?

A Yes, actually, in that case, I paid the bill the same day and then ended up having to get a refund because the charge was incorrect.

Q This had something to do with your employee discount?

A Yes.

Q Okay. Did you have to talk to somebody about getting the bill adjusted?

A Yes.

Q Who did you have to talk to?

A I first emailed Sheryl Valente --

Q Uh-huh.

A -- who referred me to sa -- Kathy Sercu, who is the hospital manager at Perinton.

MR. HALLER: Perinton, okay. All right. I want to skip over some of these questions because they've been covered with multiple other witnesses. Okay. Matter of fact, just a second, I want to make sure I've covered everything. Okay, that's all I have. Thank you. Thank you, Tara.

THE WITNESS: Sure.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, if you'd like to cross-examine the witness?

MR. STANEVICH: I have no questions of this witness.

HEARING OFFICER DAHLHEIMER: Okay. Ms. McGrain, thank you very much for your cooperation and testimony this morning. You're dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, is your next witness available and prepared to give testimony?

MR. HALLER: Let's see. Yes.

HEARING OFFICER DAHLHEIMER: Okay.

MR. HALLER: Yes, she is.

HEARING OFFICER DAHLHEIMER: Okay, there we go. Hi, good morning.

MS. CLIFFORD: Hey.

HEARING OFFICER DAHLHEIMER: Go ahead and call your next witness.

MR. HALLER: Petitioner calls Valerie Clifford.

HEARING OFFICER DAHLHEIMER: Hi, good morning, Ms.

Clifford. Please raise your right hand.

Whereupon,

VALERIE CLIFFORD

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state your name and spell it for the record.

THE WITNESS: Valerie Clifford, V-A-L-E-R-I-E C-L-I-F-F-O-R-D.

HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you.

DIRECT EXAMINATION

Q BY MR. HALLER: Valerie, who do you work for?

A Pathway Vet Alliance.

Q Okay. And -- and where do you work?

A I work part time at Greece Animal Hospital and part time at VSES.

Q Okay. What's your job title?

A At Greece Animal Hospital, I am a staff LVT, and at VSES, I'm the blood bank administrator.

Q Okay. All right. Tell us about your -- your work history as it relates to animal health care.

A My time line is long, like Sam's, so I'll try to get all the dates right. So I started out as kennel in 2006 at Irondequoit Animal Hospital, and I stayed there throughout

college as I went to get my vet tech degree at Delhi. I got my associate's in 2010, and I was just seasonal at Irondequoit. I got my bachelor's in science and veterinary technology from Medaille in 2012, and then, that's when I came back to Rochester to work at VSES.

Q So are you a licensed veterinary technician?

A Yes.

Q Licensed by the State of New York?

A Correct.

Q Okay. Okay. So you've been full time with the Monroe Group since 2011?

A Yes, 2012 or 2011, yeah.

Q Okay. Thereabouts. Okay. Okay. So you've -- you're part time at two different locations. Is -- between the two locations, are you a full-time employee?

A Correct.

Q Okay. When did that -- so pre -- well, you've probably already answered this, but let me ask it anyway: Have you always been part time or did that come about at a certain point?

A So I just went over to Greece last September, actually. I just checked my one-year mark there. I've worked a couple different jobs at VSES.

Q Okay. Well, tell us about the jobs you've had at VSES when you were full time at VSES.

A I started out as an emergency technician, and then after a couple years, I think three, I transferred to internal medicine, and I was full time with internal medicine for about five years, and then I took a part-time clinical educator job where I did half clinical educator and half internal medicine, and then I transferred from clinical educator to blood bank administrator, keeping the part-time internal medicine. I've always worked with the blood bank, but until then, it didn't become an official job position, and then last year, I left internal medicine but kept the blood bank.

Q Okay. How was it you came to have a part-time position at Greece?

A I was looking for different opportunities for my work/life balance, and I actually had a job offer from a different hospital outside of Monroe Veterinary Associates. I didn't want to leave the blood bank and everybody knew that, but I wasn't sure of my different options, so I -- I talked to Sheryl, and I explored different opportunities at some of the general practices where I would have better hours and schedule it like work/life balance like that. I interviewed at both Stone Ridge and Greece, and I accept -- I received offers from both of those hospitals, and I accepted the one at Greece Animal Hospital.

Q Okay. So the moving part time to Greece was initiated by you?

A Yes.
Q And you had to apply and interview for that position?
A Correct.
Q Do you think your application process was any different than somebody hired off the street?
A I'm not sure because they kind of helped me facilitate things a little bit quicker since they just had the offer from the other hospital, so I didn't fill out an application, but I did interview with Dr. Hubbard (phonetic), and Amanda (phonetic) was the hospital manager at that time.
Q Okay. There hasn't -- there -- if there's been any testimony about the blood bank so far, it hasn't been much. Tell us about the blood bank.
A So we have an inhouse blood bank at VSES. It's grown tremendously since 2019 when we purchased the centrifuge to be able to process inhouse blood products. So before that, we had some employee pets that were blood donors for whole blood transfusions and we would order blood components, so just red cells or just plasma, and now, we can produce those inhouse for our patients.
Q All right. And where do you get the blood from?
A From our screened blood donors. We have 12 cats at the moment, and I believe about 45 dogs, screened blood donors. They have to apply to be a blood donor. We do an initial screening which includes an exam, inhouse bloodwork, an

infectious disease panel that goes out to NC State University, and then they become official donors. No pet can just walk in that we don't know and donate blood. We make sure it's a safe product.

Q Okay. I got to ask the question. How many dogs and cats actually offer to donate their blood?

A Some enjoy it more than you would think.

Q Okay.

A Some need some help.

Q Okay. And what's the blood used for and what facilities is it used at?

A 95 percent, I would say, is all inhouse for VSES. It's used for a multitude of traumas and illnesses. That's all up to the doctor, what they'd like to treat their patient with. I can -- we can produce -- pack the blood cells, full blood, fresh frozen plasma, and stored plasma, and so that will go to hospitalized stations. Rarely, we will get what we call drive-by transfusions with -- a pet has a known problem that sometimes will require transfusions. They'll come in for outpatient and then leave the same day. Rarely, we send it to other hospitals. It's usually non-Monroe Group hospitals that will request it, but because all of our affiliated hospitals, we'll try to send them to VSES for the monitoring.

Q Now, let me see if I understand that. If a blood tran -- transfusion is required for a procedure, that pet would usually

be referred to VSES from elsewhere in Monroe?
A Yes.
Q Okay, all right.
A Yeah, that's the standard of care, but if there's extenuating circumstances, like its owner can't afford to transfer to VSES, or if they have a patient in the OR that needs it immediately, sometimes they'll run over and grab it, but that's, again, very rare.
Q Okay. All right. Earlier, there was some records introduced into evidence, yeah, I could figure out which exhibit it is, but I think we'll all understand. There was an exhibit about -- that showed the shifts work outside an employee's home location within the Monroe Group, and there were a lot of shifts worked by a CSR at VSES by someone whose home location was Greece. Do you know who that individual is?
A Chelsea Whittemore.
Q Yeah, she's a CSR?
A Uh-huh.
Q How is it that she's come to do a bunch of work at -- at VSES?
A She picks up shifts on the open shift list. I know she communicates with Corey regularly to see what he has available to get some extra overtime to get some extra money when she needs it.
Q Okay. In the various positions you've worked at VSES,

have you had -- had the opportunity to observe folks -- staff that is nonveterinarian staff from the other Monroe Group facilities that are doing their mandatory holiday shifts at VSES?

A Yes. Yeah, over the time, I've worked a lot of holidays.

Q Okay. What typically are the LVTs and ACAs assigned to do?

A They're usually assigned -- I can speak more to technicians. I'm not sure where the ACAs are assigned to, but I know the technicians are usually assigned to assist procedures. They're usually in the blue block, never in the ICU. I think sometimes they do triaging. Non-VSES ACAs don't do triaging on holidays. But when I was on procedures, frequently with another general practice technician, I would kind of tag team procedures with her because you need an extra set of hands to hold the patient for drawing blood and stuff, so it's easier -- easier for them and obviously, we need an assistant to kind of get things done together.

Q Okay. You mentioned a -- a blue something, a blue area, blue zone. What was that?

A Yeah, sorry. It kind of goes with our triage block. It talks about, like, the yellow can wait. Green is, like, it's broken toenail or ear infection that will just be triaged away. Red is ICU. Blue is things like your blocked cats that needs to be monitored but aren't in critical condition and don't

require eyes on them at all times, maybe some seizure patients depending on how severe it is, some toxicities, more minor treatments, nothing too invasive.

Q Less critical care involved than the ICU patients?

A Yes, significantly.

Q Okay. Okay. There's been some testimony about training in CPR and the use of CPR. In your experience, is CPR that VSES staff have to call upon frequently?

A Yes.

Q Why is that?

A Lately. Just because of the nature of the emergency room.

Q Okay. Is that because there's -- the emergency room routinely sees patients that are in severe distress and may actually need CPR?

A Absolutely. It can be hospitalized patients or something just walking through the door.

Q Okay. So who's trained to do CPR at VSES?

A The ACAs, LVTs, and the doctors.

Q Okay. Are -- to your knowledge, are folks at the gen -- outlying general practices trained in CPR?

A Not generally. Since I do work part time at Greece, I did give them some CPR training because they had an emergency on a day that I wasn't there, so they asked me for that specifically, but before that, they had not had any CPR training.

Q How long ago was that?
A Within six months.
Q Has there been any instances of anybody having to do CPR at Greece since then?
A No.
Q Okay, hold on a second. Okay. Is drawing blood something that a technician needs to know how to do?
A Yes.
Q Okay. Is there any difference in the type of situations you'd likely to see where you're required to draw blood as a technician at VSES as opposed to the general practices?
A I would say the big one is dealing with a spot when you think a patient might have low platelets or a bleeding disorder. If anything has bruising or a bleeding nose or anything like that, we never want to draw blood from the jugular. I'm not sure that's common knowledge at general practices just from some of the patients we've seen that have transferred over with these problems, and you can see clearly that they have bruises on their necks from an inappropriate blood draw.
Q Okay. Okay. Let me switch gears a little bit. Do the LVTs have some kind of career ladder system in place?
A Yes, there's a career ladder at VSES. It goes LVT level 1 through 4. When you're first hired -- I'm not sure if it's all -- all new hires regardless of experience or if it's just

new grads, but when you come in as a level 1, you're expected to quickly be trained and be able to function as a level 2 technician, and all LVTs are expected to at least be level 2. You cannot apply for level 3 status, which comes with a pay bump, but you have to be able to prove that you have advanced skills, advanced knowledge, and you can perform advanced procedures with your doctors, and some of them are department-specific.

I applied for level 3 when I was with internal medicine, and I -- chemotherapy was on there, NG tube placement was on there. Obviously, of course, I can't think of any of the big-ticket ones right now, but more the advanced procedures that we don't do so often. There are some that are on there for everyone, like jug caths, indwelling catheters, female urinary catheters, which are especially tricky if you don't know.

Q And I don't know.

A Yeah. And -- and then I'm sure surgery has their own specific list, too. I'm just not familiar with what's on it. And then level 4 technician, there is only about four or five of us that are level 4, myself and Sam are one of them, and you have to go above and beyond that, and you have to either be a VTS, so a veterinary technician specialist, or like in my -- in my case with the blood bank, I write standard operating procedures. I contribute to the hospital. I've been a part of the standards of care committee, and I run the blood bank

meetings and committee, and I kind of help everybody. I do trainings, things like that, kind of going above and beyond for the hospital, so that's the top tier of the career ladder.

Q Okay. So tier 1 is sort of a training module --

A Uh-huh.

Q -- right? Okay. Tier 2 is kind of the standard LVT. You could just stay at level 2 for forever if you want?

A Correct.

Q And 3 and 4 are advanced -- advanced skills required?

A Uh-huh.

Q Okay. Is there any comparable stepped career program for LVTs at the general practices?

A To my knowledge, the career ladder is only available at VSES, so I believe all the GP technicians would be level 2, technically. I'm sure some of them do have level 3 abilities, but I don't -- I can't say about level 4.

Q Okay. And you don't know whether they get -- there may be some people that actually get that pay bump at the GPs?

A I think it's only for VSES.

Q Okay. Okay. Okay. And do I recall you worked in internal medicine for some period of time, right?

A Yes.

Q How long?

A Six years.

Q And you were a LVT?

A Correct.
Q Okay. And let me -- let me jump back for a second. You talked about these levels of LVTs.
A Uh-huh.
Q All the LVTs except for the LVT specialists have this same licensure from the State of New York, right?
A Correct.
Q Okay. The only people that have some extra level of certification are those LVT specialists; is that correct?
A Yes. Yes, the VTS certification.
Q Okay. So the lev -- the career levels you're talking about are just an internal thing at VSES?
A Yes, it's unique to our hospital to encourage people to get those advanced skills, learn new procedures, and do more continuing education.
Q Okay. There was testimony earlier through Mr. Kotecki and -- and maybe other witnesses about the use of various scoping devices --
A Uh-huh.
Q -- in internal medicine. Sounds like mostly for diagnostic purposes, but I guess also for treatment sometimes. Do you have -- what else can you tell us about the use of scopes at the -- in internal medicine at VSES?
A I think the only one that I would consider a treatment would be a foreign body scope because you're actually solving

the problem; you're removing that foreign body. The rest of them, whether it's an upper GI, a lower GI, a rhinoscopy that goes up the nose, a cystoscopy goes through the urethra into the bladder, those are all diagnostic because you're taking biopsies and then you're sending them off to the pathologist.

Q Right.

A I do know that GP hospitals do do trach washes sometimes because that is not done with a scope. It's called a BAL, a blind alveolar lavage, so you're putting fluid down into the trachea through a sterile endotracheal tube, and then you're suctioning it back up into a specimen container, and then that's sent out to -- to the pathologist. The thing that's special, not only with the scope equipment, but it's being interpreted -- the results from the pathologist are being interpreted by the internist.

Q Uh-huh. Okay. Based on your knowledge as an LVT at VSES and Greece and whatever other experience you have working at the outlying facilities, of the procedures you've been talking about, how many of them, if any, are performed at the outlying general practices of the Monroe Group?

A Only the trach wash. Our hospital, VSES, is the only one with the -- the scopes and the -- the tower, which is -- it looks like a giant VCR that the scope plugs into. There is different size scopes, but we're the only one that has the full equipment.

Q Okay. Okay. And there's been testimony about the $0.75 wage differential ex -- that's only at VSES. You're familiar with that?

A Yes.

Q Okay. At present, who gets that $0.75 an hour differential?

A I believe all staff. I know it's all technical staff, but I think now everybody that works at VSES gets it.

Q So we're talking about CS -- the customer service people, the ACAs, and all of the LVTs?

A I believe so. I know for sure that the ACAs and LVTs get it, but I -- I'm just speculating about the rest of the staff.

Q Okay. Earlier there was testimony from an Employer witness that the -- the -- the -- the reason that wage differential is awarded was because of the 24/7 nature of the operation at VSES and also because, I guess, the patients aren't regularly scheduled. They just come in as needed. Is that your understanding of the only reasons why you and the other employees get a wage differential?

A No.

MR. STANEVICH: Objection. Lack of foundation.

MR. HALLER: Oh, there'll be a foundation.

MR. STANEVICH: Then lay it.

MR. HALLER: Yeah?

HEARING OFFICER DAHLHEIMER: Overruled. Then let him --

let him get to it. Go ahead.

THE WITNESS: No, they told us it was because of recognition of our advanced skills.

Q BY MR. HALLER: Okay. Who'd you learn that from?

A From Jen Bidwell. I know it was 2014 or 2015 we received an email with that information from our hospital manager. Jen Bidwell was the manager before Andrea came.

Q Okay. Did Jen Bidwell send presumably everybody, but you got an email on December 9th, 2015, at 8:59 a.m.?

A Correct.

Q Okay. Do you still have that email?

A I do.

Q Okay. Do you have it on your phone?

A Uh-huh.

MR. HALLER: Mr. Examiner, if -- if that would be appropriate, I -- I -- I want her to refer to that so she can read from it.

MR. STANEVICH: Can we share the screen or see it somehow before the witness reads it into the record?

HEARING OFFICER DAHLHEIMER: Is the -- is the Petitioner planning on entering this into the record as evidence?

MR. HALLER: Frankly, no, I wasn't planning to introduce it because I was concerned the Employer is going to claim that we're, you know, using their internal documents and shouldn't be introduced in as evidence.

MR. STANEVICH: Well, we -- we could've had that discussion. We didn't, and if there's a document, I may not have an objection of putting it into evidence, but I'd prefer to see a document than have someone read it where I don't have the ability to see what that email says and whether it's accurate or not.

MR. HALLER: I'd be happy to share it. Do we want to go off the record for a moment?

MR. STANEVICH: Go off the record.

HEARING OFFICER DAHLHEIMER: Yeah, I think it's appropriate for us to -- to have this conversation off the record.

Mr. Baker, will you please take us off the record for a minute?

(Off the record at 1:13 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. During our brief recess there, the Union shared a -- we'll -- we'll let the Union explain that the documents are. They shared documents that they are now going to be entering into evidence.

Mi -- Mr. Haller, please proceed with your -- with your questioning.

MR. HALLER: Okay.

RESUMED DIRECT EXAMINATION

Q BY MR. HALLER: All right, Valerie, I'm going to do this in a slightly different way. Okay. All right.

Valerie, did you get an email from Jen Bidwell on December 9th, 2015, at 8:59 a.m.?

A Yes --

Q Okay.

A -- when I attended the hospital meeting referenced in the email.

Q Okay. Who is Jennifer Bidwell and what position did she have --

A She was the --

Q -- at the VSES?

A -- hospital manager.

Q Okay, so she was the manager of VSES at the time?

A Correct.

Q Okay. And who was this email sent to?

A All staff.

Q In -- including yourself, apparently, right?

A Yes.

Q Okay. Okay. Could you read the third paragraph down in that email, just the once -- it starts "In October of 2014"?

A Uh-huh. "In October of 2014, an LVT incentive was implemented at VSES. This incentive was created in recognition of the advanced skillset and knowledge base necessary to meet the minimum standard of care at VSES, as well as the additional responsibilities of mandatory on call and the demands of working at a -- in a 24-hour facility.

Q Okay. What's this L -- what's this LVT incentive that she's referring to? What is it?

A That's the 75 cent pay differential for working at the VSES.

Q Okay. At some point, that was expanded to the rest of the staff at VSES?

A Yes.

Q Is that what's -- is that what's referred to in the rest of the text of this email?

A It's that, yeah. And the paragraph under that one, it was decided to increase the base pay rate for ACA CSRs, and LVTs.

Q Okay. So the increase in base pay rate for those other groups, that -- that's the 75 cents we're talking about?

A Yes.

Q Okay.

MR. HALLER: Petitioner moves the admission of this document as, I guess, Union Exhibit 1 -- or Petitioner Exhibit 1.

MR. STANEVICH: No objection.

HEARING OFFICER DAHLHEIMER: For the record.

(Petitioner Exhibit Number 1 Received into Evidence)

MR. HALLER: Okay.

Q BY MR. HALLER: Were there any attachments that were transmitted that you received along with this email, Valerie?

A Yes. There's two. One of them is a more official memo

stating the same. Let's see. I guess my phone's trying to open up. And then the other one looks like the meeting, again, they would put up a power point. That would -- that looks like what this is.

Q All right. Since that's not the one I wanted. All right. Okay.

MR. HALLER: Okay. Let me see if I can -- is that real small right now? I sent you -- everyone should see it. But it's quite small. I just increased the size of it, if that helps. Oops, I may have increased it too much. Okay.

Q BY MR. HALLER: Is this one of the attachments you were referring to, Valerie?

A Yes.

Q Okay.

MR. HALLER: Petitioner moves the admission of this exhibit as Petitioner Exhibit 2.

MR. STANEVICH: No objection.

HEARING OFFICER DAHLHEIMER: Petitioner 2 is received.

(Petitioner Exhibit Number 2 Received into Evidence)

MR. HALLER: I have no further questions for Valerie. Thank you.

HEARING OFFICER DAHLHEIMER: All right. The Employer may now cross-examine the witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Good afternoon, Ms. Clifford. How are

you today?

A Good. How are you?

Q Good. My name's Jason Stanevich. I'm counsel for the Employer. And I'll just have a -- a few short questions for you.

So you -- you currently split your time between two different locations that are within the Monroe system, correct?

A Correct.

Q So about half your time is at VSES, right? And the other half of your time is at Greece Animal Hospital?

A Yep. It's pretty even.

Q Okay. And just -- I just want to talk to you a little bit about Greece Animal Hospital. That's a full service animal hospital, correct?

A Yes. It's one of the general practices. If that's what you mean by full service?

Q Correct. And then there are a number of veterinarians who are assigned to that location, correct?

A There's currently three, and one is leaving in October.

Q Okay. And those three veterinarians, do you know if they pick up shifts anywhere else?

A I believe they're required to do a certain amount of shifts at VSES. And they know they have boarding responsibilities with Stone Ridge.

Q Okay. So they will do some work at Stone Ridge? That's

another general practice?
A Yes. Stone Ridge is the other general practice that's located in Greece. They're very close to each other. So that's probably why.
Q Okay.
A The -- by boarding responsibilities, I mean, if there's a patient that's being medical boarded and needs insulin or other medications, they will have to go and administer those, because the kennel attendants cannot do that.
Q Okay. And it's your understanding that there's some type of obligation for veterinarians to pick up shifts at VSES?
A Yes.
Q Okay. And do you know if that's true for other general practices?
A I'm not sure. I've heard, just from being around for forever, that I think if you don't do an internship at VSES, you need to work so many shifts at VSES. But if you do, I'm -- I think you're exempt from that. Again, I -- it's just, kind of, what I've heard through the grapevine. I don't know for sure.
Q Okay. And I'm just going back to Greece. There is, you know, approximately 20 or so support staff at that location, correct?
A Um-hum.
Q All right. And so there are CSRs in Greece?

A Yes.
Q There are animal care assistants at Greece?
A Yes.
Q Licensed vet techs?
A Yes.
Q And you're one of them, right? You spend about --
A Yes.
Q -- half your time at -- at Greece?
A Yep.
Q Okay. And so even though you have two different positions, one at Greece and one at VSES, you get one paycheck from the --
A Correct.
Q -- organization, right?
A Yes.
Q And was that way when MVA ran the system, correct?
A Correct.
Q And it's still that way now that it is part of the Pathway organization?
A Yes.
Q Okay. And when you -- do you participate in the benefits program?
A Yes.
Q And did you do so when you were with Monroe?
A Yes.

Q And would -- did you have separate benefits through Greece and V -- VSES, or did you have to participate in the benefits program as a whole?
A No. Since I've stayed a full-time employee, it didn't change.
Q Okay. And then, so you were entitled to full-time benefits, correct?
A Correct.
Q Okay. And since Pathway has acquired the system, do you still participate in the benefit plans?
A Yes.
Q Okay. And is it the full-time benefit plan?
A Yes.
Q And the benefit plan that you participate in, is it the same plan that's eligible for full-time employees at VSES?
A Yes.
Q And is it the same benefit plan that's elig -- eligible for full-time employees at Greece?
A Yes.
Q Then, focused on Greece, there are a number of exam rooms at that location, right?
A Um-hum.
Q About six or so exam rooms?
A There's six. And we utilize five, yeah.
Q Okay. And there -- there are certain radiology equipment

at -- at Greece Animal Hospital as well, right?
A Yes. There is X-ray capability.
Q Okay. And there's an ultrasound machine?
A Yeah. It's one of the small portable ones. I can't remember the brand Sam mentioned.
Q Okay. And there are three X-ray machines, correct?
A Just one.
Q Just one? Is there any dental radiology-related equipment there?
A Yes.
Q And what is that?
A There's the -- the ultrasonic scaling machine. There is the dental radiograph machine, if we're counting that one. And then, the necessary tools, like, hand tools that they use, the drills and such.
Q Okay. I think, just going to Exhibit -- some of the exhibits that you looked at, 1 and 2, the additional shift differential. Employees from the general practice who come in to VSES to pick up a shift, they get that additional differential as well, right?
A They do.
Q Okay. So if they are working on a holiday, which it may be required, they would get that differential, right?
A Yes.
Q And they also have the opportunity to voluntarily pick up

shifts at VSES, right?

A Yes.

Q And when they do, they get that 75 cent -- cent differential, right?

A Correct.

Q And just a little bit about the blood bank. I -- I believe you testified, most of that is used for procedures at VSES; is that fair to say?

A Yes.

Q And -- but there are some situations where blood would be transferred to the general practice?

A Rarely.

Q Okay. But there are some?

A Yes.

Q Okay. And that would be where, I believe you said there may be an extraordinary circumstance?

A Um-hum.

Q Or there may be, I believe you said a patient in the operating room?

A Um-hum.

Q Okay. So there are operating rooms at the other general practice locations?

A Yes.

Q Okay. Are you aware of which ones have operating rooms?

A They all should have a specific room dedicated for the OR.

Q Okay. And so you would agree with me that veterinarians perform surgeries outside of VSES?
A Yes.
Q Are -- are you familiar with an employee by the name of Katie Jensen (phonetic throughout) or she maybe goes by Katie Kosh (phonetic throughout) -- Koss at this point?
A Yes.
Q And what's her position?
A She's an LVT.
Q Okay. And are you aware of whether she's provide CPR training to any location within the system?
A I know she's done CPR training at the Duncan center. I attended one of her sessions. I can't say where else she's done it. She does everything that's attached to VSES.
Q So fair enough. Are you familiar with an employee by the name of Sarah Pavli -- Pavlina, Pavlina?
A Pavlina.
Q I'm not sure if I'm pronouncing that correct. Okay.
A Yes. Yeah.
Q What's her position?
A Currently, I believe she's the ICU technician.
Q Okay. And are you --
A But she was the clinical educator.
Q And are you aware of whether she's provided CPR training to any location?

A Again, I know she's done it at VSES. But I can't -- I don't about other locations.

Q And the LVT work that you do at Greece, can you kind of walk us through what your responsibilities are at that location?

A Sure. It depends if I'm going to be the surgery tech for the day or not. If I'm not doing surgery that day, I still help check in the surgeries for the morning, kind of go over the consent forms with owners, get the patients. I'll get their vitals checked, get them set up in their cages, and then, assist the doctors with their exams in the morning.

And then, I will call owners. Once they come in, they're kind of doing a half curbside model right now. I'll call owners, once they come for their appointments, ask them why they are here, if it's a wellness visit, or a problem visit, and then, assist with anything that they're for. If they have an ear infection and they need ear cytologies, any small procedures, like -- you know, like, abscesses, or nail trims, things of that nature. They also do tech appointments. If they're coming in for just a heartworm test or a nail trim or a vaccine booster.

And then, if I am scheduled on surgery, that's my main focus for the day. I'll do -- I'll sedate the patients, put in their catheters, and then, set them up with anesthesia and assist the doctor for the procedure, and recover them.

Q Thank you. And you've probably shortcut a number of questions that I was going to ask you.

A Oh, gosh. Okay.

Q But let me just back it up a little bit, because you did provide us a lot of information. What type of surgeries have you been involved with while at Greece?

A I've been involved in spays, neuters, one foreign body surgery, splenectomy, and a cystotomy.

Q What's a splenectomy?

A Removal of the patient's spleen.

Q And what was that last procedure?

A Cystotomy. I think I'm saying that right. So removal of bladder stones from the patient's bladder.

Q Okay. And have you been involved in those types of procedures at VSES?

A No.

Q Okay. Do you know if any -- if any LV -- I'm sorry, let me back it up. Do you know if any cystotomies are performed at VSES, even if you've not been involved?

A Yes. I'm sure they are.

Q Okay. What about --

A I've never worked on the surgery department.

Q Okay. And what about spleen removal, are you aware of whether that happens at VSES as well?

A Yeah, frequently.

Q And in your role as a licensed vet tech, you -- you would help with administering whatever medications is prescribed at a veterinarian?

A Yes.

Q Okay. Would -- would you draw blood, if necessary?

A Yep.

Q And I believe you said you would insert whatever catheter is necessary as well?

A Um-hum.

Q Okay. Have you ever had to send blood to the lab or asked for any other service for the lab to provide while you're an LVT at Greece?

A Yes, frequently.

Q What type of cutoff -- frequent interaction do you have with the lab?

A Well, by interaction, I fill out their lab forms. And I check off what tests the blood work needs. And then, we put it in the fridge and the courier picks it up. They have limited lab equipment at Greece. So anything that would need a complete blood count or any sort of enzymatic test needs to go to the lab.

Q Okay. And the central lab is also at the same address as VSES, right?

A Correct.

Q And do you know if other general practice hospitals also

take advantage of the lab?
A Yes, they do.
Q Okay. And you mentioned a courier. Who is that person, if you know?
A There are a couple of different ones. I know one's name is Mike, and that's about it.
Q Okay. And do you -- do those courier -- couriers only provide services to Greece, or do they provide services throughout the Monroe network?
A Throughout the Monroe network. And then, I just recently learned that they do a couple additional hospitals as well.
Q Okay. And then, on -- on the blood bank side, in your responsibilities, do you have any interaction with the lab?
A Yes, all of my -- well, all of my screening blood work goes through the lab. And then, they send out what I need to the NC State University as well.
Q Okay. Are -- are you aware that there's a crematorium that's part of the -- the Rochester network?
A Yes.
Q Okay. And have you interacted with the crematorium at all in your vet check role at Greece?
A Yes, I process bodies.
Q Okay. And what's involved in processing a body?
A After the owner is finished visiting with them, we'll make their paw prints, either ink or clay paw prints, remove

collars. We have special cadaver bags. And then, they're labeled appropriately. And then, the courier picks them up as well.

Q And do you know if the other general practice locations utilize the crematorium?

A I'm sure they do.

Q Okay. Does VSES use -- utilize the crematorium?

A Yes.

Q There was some testimony earlier today, in your testimony I believe, about someone by the name of Chelsea Whittemore. You know Ms. Whittemore?

A I do.

Q Okay. And she works at Greece, I believe?

A Yes. Um-hum.

Q And her position at Greece, what is that?

A She's a CSR, client service representative.

Q Okay. And I -- I know you haven't worked as a CSR, but do you know what -- what -- what Ms. Whittemore's responsibilities are like at Greece?

A Their main job function would be answering the phones, scheduling appointments, checking clients in, and then, some -- I know they clean the exam rooms. And they do a lot of record keeping for us, scanning, and things of that nature.

Q Okay. And I believe you testified that she picks up a lot of shifts at VSES, right?

A She does, yeah.
Q And when she goes over to VSES, I -- I assume she's picking up shifts within the customer service department?
A Yes.
Q Do you happen to know what she does when she's in the customer service department at VSES?
A I don't specifically. I know she works a lot of evenings and overnights. So I think that would mostly consist of answering the phones, and then, checking patients in and assisting with that, getting what we have our -- our five to seven forms for stats and things like that.
Q Oh, so as far as you know, it's pretty similar customer service-based work, right?
A Similar, yes.
Q Okay. And anything that requires additional skills to the extent that you know?
A Not specifically skills, but you definitely need to be able to handle a different level of clients at emergency hospital. You know, they're all having the worst day of their lives. They're in crisis. Not everyone is equipped to handle that.
Q Okay. When you're at Greece, do you wear a particular type of uniform?
A Scrubs.
Q Scrubs? And the other LVTs wear -- wear scrubs at Greece?

A Yes.
Q Okay. Is it a particular color?
A Not at Greece, no.
Q Okay. Do the animal care assistants wear any type of uniform at Greece?
A They also wear scrubs.
Q Okay. And kennel attendants, do they wear any type of uniform?
A They don't have any kennel attendants currently. They do have one hospital assistant that also wears scrubs.
Q Okay. The LVTs at VSES wear scrubs?
A Yes.
Q The animal care assistants, they wear scrubs?
A Yes. And those are color coordinate.
Q Okay. And -- and just -- just to go back to -- to Ms. Whittemore -- Whittemore for a moment. You mentioned something when you discussed her testimony called an open shift list.
A Um-hum.
Q What is an open shift list?
A Our workforce manager will put together a list of all the open shifts. I believe she has separate ones for ACAs, LVTs, and CSRs. And then, the people from either VSES or other hospitals are welcome to fill in those shifts, if they're available and want to.
Q And that workforce coordinator, is that Chris West?

A Yes.
Q Okay. And where is this open list? Is it posted? Is it distributed? How does it make its way out to different employees?
A For us, I know I've asked her to email it to me. She has a list of people, I believe, that she knows are open to picking up these shifts, so she'll regularly send it to them. When we get in kind of a tough spot, she'll send it to all the technicians and ACAs, and say, you know, hey, I have these couple of open shifts, some are for a critical shift, if anyone's available to fill them.
Q Okay. And then employees can opt to take those shifts on a voluntary basis?
A Um-hum.
Q Okay. And in your experience, employees -- LVTs do pick up shifts at a VSES, correct?
A Yes.
Q Animal care attendants -- I'm sorry, animal care assistants pick up shifts at VSES?
A We're talking about VSES employees picking up shifts at VSES, right?
Q I'm not actually.
A Oh.
Q Well, let -- let's back that up.
A Oh, sorry.

Q Let's track up so we're clear. I -- I may have been less than clear there. So the open-list shift, that would be an opportunity for a VSES employees to pick up shifts at VSES?
A Yes.
Q Okay.
A I'm not sure how it gets distributed, or if and when it gets put out to other hospitals.
Q Okay. And on that point, do any of your LVT colleagues in Greece pick up shifts at VSES?
A No.
Q Okay. You mentioned that Chelsea would sign up for the open shift list.
A Um-hum.
Q Chelsea is a customer service representative at Greece, right?
A Yes.
Q And that's her home location, right?
A Um-hum.
Q Any understanding how Chelsea obtains that open shift list?
A I know she has frequent communications with Corey. Since she does pick up so many shifts, I think he might reach out to her directly. And I know she has contacted him and asking what he has available.
Q And Corey's the customer service manager at VSES?

A Yes.
Q And so it's your testimony that he would reach out to Ms. Whittemore at Greece to see if she would like to work at VSES, right?
A Yes. I'm not sure if that's the only way she's ever picked up shifts. But I know she's told me that before.
Q Okay. And I believe you said Corey calls to ask other employees to see if they're interested in shifts; did -- did you testify to that?
A I just mentioned Chelsea. But I'm --
Q Okay.
A -- sure he does.
MR. STANEVICH: I have nothing further.
Thank you, Ms. Clifford.
THE WITNESS: Thank you.
HEARING OFFICER DAHLHEIMER: Mr. Haller, redirect?
MR. HALLER: Might I have a -- a few minutes? I may not have anymore. But if I could have a little break?
HEARING OFFICER DAHLHEIMER: Yeah, that's fine. About how long you need?
MR. HALLER: Prob -- I probably don't need it, but I'd like to ask for ten minutes.
HEARING OFFICER DAHLHEIMER: Sure. Let's -- let's call it 14 -- we'll -- we'll resume at 2 p.m. Is that satisfactory?
MR. HALLER: Sure. Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Baker, will you please take us off the record?

MR. BAKER: Off the record.

(Off the record at 1:47 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. We are back on the record.

Mr. Haller, it's still your witness.

MR. HALLER: Yeah. I have -- I have no further questions for Ms. Clifford.

HEARING OFFICER DAHLHEIMER: Okay.

Ms. Clifford, I thank you for your testimony and cooperation this morning. You are dismissed.

Okay. We are going to be in recess for half an hour.

Mr. Baker, please take us off the record.

MR. BAKER: Off.

(Off the record at 2:01 p.m.)

MR. BAKER: On the record.

HEARING OFFICER DAHLHEIMER: Okay. Will Union, please call their witness?

MR. HALLER: The Petitioner calls Leah Walker.

HEARING OFFICER DAHLHEIMER: Good afternoon, Ms. Walker.

MS. WALKER: Good afternoon.

HEARING OFFICER DAHLHEIMER: Raise your right hand.

Whereupon,

LEAH WALKER

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Will you please state and spell your name for the record?

THE WITNESS: Leah Walker, L-E-A-H W-A-L-K-E-R.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, go ahead.

DIRECT EXAMINATION

Q BY MR. HALLER: Ms. Walker, who do you work for?

A Pathway Pet Alliance with Veterinary Specialists and Emergency Services.

Q Okay. And what's your job title at -- at Pathway?

A I'm a CSR educator and a referral coordinator.

Q Okay. Tell us then -- it -- it can be very brief, your work history at the animal healthcare.

A I worked at general practice for about three years in 2016, '17, '18. I took a break to have my first child, returned to Suburban Animal Hospital, which is part of the Monroe Group, for about eight months, in which I took another leave to have my second child, and returned to Veterinary Specialists as a CSR in 2016. I've been there currently this whole time.

Q Okay. I don't think it's particularly significant, but I think we got the dates wrong. When did you first start working for any Monroe Vet -- Vet Alliance supporter?

A I believe, if I recall correctly, I worked at Suburban in

2010, if I remember correctly.

Q Okay. All right.

A For about eight months.

Q Okay. What do you do in your present job?

A I'm the CSR educator. So my job is to create, develop, maintain all of our processes and identify any need for improvement. I also train oncoming new hires, as well as help, develop, maintain holiday training for anybody coming into our practice that doesn't normally work there.

Q Is this -- are you talking -- and this is a customer service representative?

A Customer service representative, correct.

Q Is it throughout the entire Monroe Group or at VSES?

A Yes, at Veterinary Specialists.

Q Okay. Okay. And you mentioned you're involved with training for holiday -- the holiday training?

A Holiday training, as well as new hires. And any staff that would like to come pick up shifts at our -- our hospital, we make sure that they have received the proper training as well.

Q So we're talking about CSRs that work at one of the outlying practices?

A General practice within the Monroe Group, correct.

Q Okay. Specifically with regard to the holiday training, which includes outside people who want to pick up extra shifts,

tell us briefly about the -- the training program for CSRs?

A So holidays specifically, we look at their years of experience within the Monroe Group at their general practice hospital. So someone that has only worked at their general practice office as customer service for one to three years, we consider what we call a tier 1. We bring them in, and then we go through a two, three, four-hour, both classroom and floor training, to ensure they understand our phone process, our triage process, our blue sheet receiving process, how to talk to a doctor re -- regarding a phone call triage, and getting the recommendations documented correctly, as well as admission form entry of that client's data, checking in patients, and entering them into our schedule as well.

Q Is that training provided because it's exclu --

A Because our processes are much different than general practice. There is a lot of questions and fact finding we have to get from each client, each phone call, to understand their need, to make sure we can address their need correctly. And then entering it into our scheduling, we have both our Infinity EasyTime, which is used at general practice, but we also have our electronic triage board, which is not used at general practice. So an incoming patient must be entered in both areas.

We have a blue sheet as well, where we document all of that phone conversation, doctor recommendation, and that paper

needs to be placed in the correct area for when the patient arrives.

Q Okay. Just so we stay on the good side of the court reporter, make sure I finish my question before you answer.

A Okay.

Q You -- it was okay, but he'll yell at us if we do it again, okay?

A Yep.

Q All right. Okay. Okay. In addition to training CSRs, do you have any role in scheduling CSRs for holidays?

A I do not currently at this time. I was heavily involved in previous years, as far as scheduling their holiday training.

Q Okay. Does that involve any assessment of their pre-existing skill level that's going to affect where they get placed when they're actually on holiday shift?

A Correct.

Q Tell us about that.

A So to elaborate on the previous statement, a CSR with less experience, less holiday commitment, they have worked previous years at Veterinary Specialists, they would maintain what we call a tier 1, working primarily in our phone bank only, not client facing.

If they've had a significant number of holidays worked at Veterinary Specialists with additional years' experience at general practice, we would put them into our tier 2, where they

would be client facing. They receive additional STAT training to make sure they can quickly assess STATs, both phone or client facing.

If they have been there for several, several years, have worked several holidays, and/or maybe worked those extra open shifts, and have knowledge of our workflow, they receive their additional euthanasia training, which we call a tier 3, and can primarily work in any area of the front desk, receiving clients.

Q Okay. I think you may have already answered this question, but somebody who's worked -- someone from the outside who's worked a good deal at VSES on voluntary shifts, sounds like they'd be likely slated at one of the higher tiers?

A Correct.

Q There -- there's been testimony, I think her name is Whittemore, a CSR at Greece, who apparently regularly works at VSES; are you aware of her or -- or how she's rated?

A Yes, I am.

Q Okay. Is she in one of the higher ratings?

A Yes, she is.

Q Okay. Tell us just briefly, for example, like the -- the triage; what -- what is it about -- and we're talking about the CSR role in triage. What's different about triage at VSES as opposed to the typical general practice?

A So a lot of phone conversation with a client at general

practice is scheduled, planned; I need my next vaccination, I need my annual examination, my dog's experienced some mild vomiting or diarrhea, how are they doing today, let's make a plan going forward.

With emergency, you're oftentimes receiving a duressed client, screaming, yelling, sometimes you can't even understand them. With patients that are critically and actively dying, and/or maybe are on that brink of needing veterinary intervention immediately, we need to make sure we can ask those questions and document proper answers from that client before we take it to an emergency doctor for recommendation. How's the patient's breathing, respiratory rate? What is the contents of their vomit? What is the frequency that they're vomiting, or the frequency of diarrhea? How long has it been going on? What have you tried at home, so on and so forth.

Q These are -- these are triage questions that the CSRs would asl?

A Correct.

Q And what do they do with that information, af -- when they're at -- triaging at VSES?

A They document it onto our blue sheet. They have to get up and go find an emergency doctor to get their medical recommendation on whether a patient needs to be seen, or can be referred to one of our outsources, or follow up with their regular veterinarian at a later date.

Q All right. How, if at all, does that differ from the -- well, let me --

MR. HALLER: Strike that.

Q BY MR. HALLER: Let me ask you a different question. Based on your testimony, I understand a good deal of the general practice work is nonemergency; it's people scheduling routine wellness appointments, et cetera. There are some emergencies that you're going to encounter at a general practice, right?

A Yes, you have your standard, what we call, illness or minor injury, things that are not critically painful or life-endangering, in which the general practice do ask those questions and schedule accordingly, and I'm sure they see an influx of that now more than ever before. But they have a good balance of client scheduling, anticipated need of vaccinations, annual exam, blood work, procedures, such as spay and neuter.

Q Does -- when a call comes in or a -- or a client comes directly into the general practice, as opposed to VSES, how would -- and it's a, I guess, as a layperson, the client is claiming their -- their -- their pet has an immediate need for medical attention, so I don't know what you'd officially call it, but it sounds like a de facto triage situation, somebody's got to figure out, you know, what slot do they fall into. What role would the CSR play at a general practice when that's happening?

A So I can't speak specifically as to how they triage something that could potentially be more emergent than what they can handle on a daily case load. I don't know their in-house triage process.

Q All right. And obviously, only answer questions if you -- if you know the answer. Do CSRs, as part of their jobs at the general practices, involve the veterinarians directly like they do in triage at VSES, or is that different?

A To the best of my knowledge, not on a regular basis. They have very standard, everyday questions and scheduling, answering clients' regular preventative questions, confirming maybe a medication that was previously dispensed. Not needing that doctor's medical recommendation for every phone call they are taking.

Q Okay. And when a -- when a CSR is performing triage -- well, triage-related duties at VSES, am I correct in understanding that just about every client contact is going to result in the CSR then seeking out and talking directly to a veterinarian?

A Correct. Any call that deems to be an emergency client, not a specialty client, that information must be run past a medical professional. About 95 percent of the time, it is a doctor. On occasion, we are allowed to speak with our LVTs, our licensed veterinary technicians.

Q Okay. And have you been involved with training of CSRs

for these VSES procedures?
A Correct, for a number of years.
Q Okay. What's your experience with the CSRs from the outlying practices on dealing with this triage procedure that they use at VSES?
A It's a very high-anxiety atmosphere for them. It's definitely outside of their normal, and there can be -- I don't -- confusion or pause in the process, because they're not certain what they need to do next when they are actually having to function in that workflow area. A little apprehension, scared, nervous to go find a doctor, interrupt their process, because that's not what they do on a regular basis in their hospital.
Q Any contact at all with either the -- the holiday training or holiday scheduling for other staff, other than CSRs?
A Overall, no. In my beginning phases of CSR educator and trying to become more consistent amongst each department, we did meet CSR educator, LVT educator, ACA educator, to collaborate, to make sure our communications to general practice, expectations, tier levels, were consistent in addressing general practice staff coming into Veterinary Specialists.
Q Okay. Based on that experience, what's your understanding with regard to other staff, that is, LVTs and ACAs; do they kind of get slotted based on their experience as well?

A I would say yes.

Q Okay. Now, you may already have testified about this, I'm not -- I don't think -- I'm not sure. Do you -- when you're assessing the outside general practice CSRs for work, either on holiday or extra shifts, is there a process where you rank them based on what you believe they're prepared to do when they're at VSES?

A We do in the CSR department, correct.

Q So tell us about that.

A So your tier 1 is usually based around the number of holidays they've already previously worked, as well as the years' experience at general practice. Typically speaking, your tier 1's have upwards of anywhere from brand new, to up to three years' experience at a general practice, with that added into the number of holidays.

So you have staff that enjoy emergency and maybe would volunteer to work additional holiday; they're going to be a little more comfortable. You have a very large handful that say I'm only working what you're mandating me to, so they tend to stay in that tier 1 a little bit longer. That's several rotations, like I said, six to eight holidays.

We move into a tier 2, typically speaking, three years and up in general practice, experience, as well as additional holiday experience in their comfort level. I've worked with staff that have been with general practice for 8, 10 years, and

do not enjoy emergency in any way, shape, or form. I need them to be productive and proficient when they're working a holiday, so if they're comfortable at phones and tier 1, that's where we tend to keep them, because we don't want them to inhibit patient care or client service.

Q Okay. And then, is there -- how many -- so we've got two tiers; is there a third tier?

A We have a tier 3. Tier 3 tend to be staff that work -- maybe pick up open shift, or work very regularly, have been with Veterinary Specialists or Monroe Group for eight-plus years, and again, have several, several years of holiday work experience under their belt. They also perform our euthanasia, and a majority of our client-facing interaction.

Q Okay. So you slotted somebody at tier 1; what are they doing, the phone bank?

A The phone bank, answering the phone, correct.

Q So no in-person client contact?

A Correct. Very, very little, if at all.

Q Okay. And tier 2, what are those folks slotted to do?

A So those tend to be a combination of phone and client interaction, primarily checking out clients. Some receiving if they know what's coming -- what's coming towards them is maybe less critical, less emergent, or less dramatic, based on the client's behavior. Comfortable checking in, receiving, paging triage, so on and so forth.

If they are a little shy, they tend to sit off to the side, which means they deal with more of clients' check out, and answer any client conversation, if they're addressed at -- at the desk. They do help with phones as well.

They -- tier 2 people tend to receive -- or not tend to -- excuse me -- do receive our STAT training overview, if they had not received it previously.

Q And tier 3, what are they slotted to do?

A They essentially should be able to function solely by themselves at the desk, with no VSES staff support, which means they need to be able to identify STATs, take phone calls, perform our -- a -- assessment 5 to 7 form (phonetic), as well as euthanasia. Again, they should be able to perform at the desk without any Veterinary Specialists staff supporting them.

Q Okay. Not to be flippant, but make the record clear, the euthanasia duty does not involve euthanizing the animal?

A Correct. CSRs do not euthanize the actual animal; we process all of the paperwork, charges, and aftercare decisions of the client.

Q Right. And -- and universally, it's going to be people who are upset, you're dealing with there?

A Correct.

Q Although, I have encountered a few pet owners that weren't so unhappy when their pet had to be euthanized, but that's neither here nor there.

A So typically if it's end-of-life, it's not always dramatic, it doesn't -- we usually don't see those scheduled, planned, understanding end-of-life --

Q Yes, yes, I've -- I've had experience with them as well, yes. Okay, enough of my flippant remarks.

MR. HALLER: I don't have any further questions for Ms. Walker.

MR. STANEVICH: Can we just take a five-minute break, please?

HEARING OFFICER DAHLHEIMER: Sure. We are adjourned until 2:57.

Mr. Baker, please take us off the record.

(Off the record at 2:53 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. The Employer -- if the Employer would like to cross-examine the witness?

MS. MASTRONY: Thank you.

CROSS-EXAMINATION

Q BY MS. MASTRONY: Good afternoon, Ms. Walker; how are you?

A Good, how are you?

Q I'm good. So you worked at Suburban, right, for three months?

A Okay, correct.

Q Okay. And you were a CSR there, right?

A Correct.

Q And what types of duties did you have there as a CSR?

A Answering the phones, checking the client in, and help checking clients out, scheduling appointments.
Q Okay. And -- and you left there in 2011, correct?
A That sounds accurate.
Q Okay. So you -- you haven't been a CSR at Suburban in quite a few years, right?
A Correct.
Q Okay. And you didn't work at any other of the GPs before you resumed at VSES in 2018 -- I'm sorry, '16?
A Not affiliated with the Monroe Group, correct.
Q Okay, all right. And you do their CSR training now?
A Correct.
Q Okay. And -- and when's the last time you trained someone at VSES?
A Actively training them today --
Q Yes.
A -- yesterday.
Q And -- and prior to that, when's the last time you trained someone there?
A I've held the CSR educator role for the last approximately three years, and I am involved in every CSR's onboarding and training, and personally meeting with them and training with them.
Q Okay, but that doesn't really answer my question. When was the last time you trained someone prior to the training

that you claim you did yesterday?
A I touch base with a new hire every shift I'm in the office. So twice a week. So prior to yesterday would be last Thursday.
Q So when you touch base with new hires, that's the same thing as training them?
A No.
Q Okay. All right. So do you know when the last time was you did a training prior to yesterday?
A I would say approximately two or three Thursdays ago.
Q Okay. You mentioned that the training for folks who are -- who are working there as two to three hours; is that right?
A That's -- I don't understand your question.
Q You -- you had testified, I thought, that the training for CSRs coming over to work there was two to three hours; is that right?
A Coming over from a general practice?
Q Yeah.
A Correct, for a tier 1.
Q Okay. And what about a new hire training?
A New hire training, they are actively receiving classroom and on-the-floor training for anywhere from 60 days on, depending on how quickly they retain the information and demonstrate their ability.

Q Okay. And then, there are certain employees who come over just to work the holiday from another GP, right?
A Correct.
Q And that training's only about what, an hour?
A Depending on their skill level and their tier.
Q (Audio interference) have a split tier system. Do you guys actually still use that tier system?
A As far as I'm aware, yes, we do.
Q Okay, when -- when you said as far as you're aware, what does that mean?
A So I've been not made aware of it being removed, how about that?
Q Okay. So when you have a -- an employee who's coming to work for a shift, do you perform the assessment as to what tier they're in?
A So I ask how long they've been employed, or how many holidays they've worked. And we see names come frequently, so you get to know people.
Q Okay. So do you make the determination as to what tier they're going to be?
A I do not.
Q Okay. Who makes that determination?
A Generally speaking, the client service manager should be making that determination, or --
Q Okay.

A -- Wes (phonetic throughout), the hospital scheduler.
Q Okay. And who's the client service manager?
A Corey Hafler.
Q Okay. So you would relay to him, hey, this person has worked X number of shifts here before, and they've been at the GP for X number of years, so you make the determination?
A I do not make the determination.
Q I'm sorry, I realize that probably didn't come out the right way I meant it. So you would say to Corey, I talked to this person, they've worked X number of shifts here, they have worked X number of years at a GP, so Corey, let me know what their tier is?
A Corey would be communicating that to myself or Sarah Midden, who also has a strong hand in our holiday training. I'm your CSR educator.
Q All right. So when -- when you determine the tier of the employee, you look at the number of years they've been at -- at a GP, right?
A I do not, no. I ask for the communication of information.
Q Okay. Well, according to you, the way that the tier system is evaluated, whoever is making a determination will look at the number of years they've been in -- at a GP, right?
A Correct.
Q Okay. Because the skills from the GP translate to their ability to work at VSES, right?

A Overall, they can be, yes.
Q Okay. So just the number of shifts they've worked at VSES alone does not determine what tier they're put into, right?
A Correct.
Q Okay. All right. So you talked about various duties that you had as a CSR at Suburban, right? You told us that you -- you would check in a client, right?
A Correct.
Q You would check out a client?
A Correct.
Q You would schedule a client?
A Correct.
Q Okay, so you'd have client communication?
A Correct.
Q Okay. Are those all duties that you perform at VSES, as well, as a CSR?
A Yes, we do.
Q Okay. So then you talked about, you know, the differences between what you do at VSES, as opposed to what a CSR would do at a GP, right?
A Correct.
Q Even though you haven't actually worked at a GP since 2011, right?
A Correct.
Q Okay. So as a -- a CSR at VSES, you're -- you're still

talking to clients, right?
A Yep.
Q You -- they might be a little bit more frantic because of the state of their pet, but it's still a client, right?
A Correct.
Q Okay. And you know, you're -- you're familiar with medical terminology, right, as a -- a CSR at VSES, right?
A Correct.
Q And you would have to be familiar with that medical terminology as a CSR dealing with clients and patients at a GP, right?
A Correct.
Q And you still have to ask clients -- you ask clients questions as a CSR at VSES related to the state of their pet, right?
A Agreed.
Q And you would have to do the same thing as a CSR at a GP, right?
A Yep.
Q Okay. And you said, you know, you might need to talk to an LVT about the state of a pet at VSES, right?
A It is our process, all emergency phone calls. CSRs are not allowed to give medical advice. It must run that call past a medical doctor or an LVT.
Q Right.

A That's not an option.
Q And so if you are a CSR at a GP, wouldn't there be instances where you might have to consult an LVT, or even a -- a DVM about the state of a pet, based on a client's call?
A Typically speaking, instances, yes, far and few between.
Q Okay. And does every call you get from a client at VSES as a CSER -- CSR require that you consult a doctor or an LVT?
A Our emergency calls only.
Q Okay. So there are sometimes calls that come in that don't require consultation with an LVT or a DVM, right?
A Correct.
Q All right. So when you're assessing whether an employee coming over belongs in tier 1, tier 2, what have you, you're not actually looking at their skill level are you; you're looking at their knowledge base?
A Both.
Q Okay. Well, it's -- they're very similar skills, right, to -- to take a call, right?
A Correct.
Q To -- to talk to a client, right?
A Correct.
Q To ask the client questions, right?
A Correct.
Q And to schedule appointments for the client?
A Correct.

Q Okay.

MS. MASTRONY: Okay, if I could just have one minute.

HEARING OFFICER DAHLHEIMER: Sure.

Mr. Baker, take us off the record, please.

MS. MASTRONY: Thanks.

(Off the record at 3:10 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. Please pro -- please proceed.

MS. MASTRONY: Sure.

RESUMED CROSS-EXAMINATION

Q BY MS. MASTRONY: Ms. Walker, I just have one more question. You no longer do the holiday training for the CSRs, do you?

A I maintain all of the material and communicate with Sarah.

Q Okay. But you no longer actually train the employees coming over, do you?

A Correct.

Q Okay.

MS. MASTRONY: I have no further questions.

HEARING OFFICER DAHLHEIMER: Mr. Haller, redirect?

MR. HALLER: I -- I don't have any re -- redirect, thank you.

HEARING OFFICER DAHLHEIMER: Okay. Ms. Walker, thank you very much for your testimony and cooperation this afternoon. You are dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: We're going to go off the record quickly, okay, Mr. Baker?

THE COURT REPORTER: Off the record.

(Off the record at 3:11 p.m.)

HEARING OFFICER DAHLHEIMER: A few intermissions ago, the parties conferred on the issue of deferral -- or adjournment of the procedure until Friday morning. The Employer made the request based on their schedule, their work schedule for tomorrow, and availability of witnesses being called on rebuttal this afternoon. Union counsel had no objection to this. I have no objection to this, and grant the adjournment.

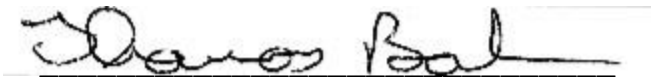
The proceeding will commence again Friday morning, September 24th, at 9:30 a.m. Until that time, we will be adjourned. Thank you all for your cooperation today.

Mr. Baker, you can take us off the record.

(Whereupon, the hearing in the above-entitled matter was recessed at 3:14 p.m. until Friday, September 24, 2021 at 9:30 a.m.)

C E R T I F I C A T I O N

This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association Of Machinists And Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 22, 2021, at 9:35 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.



THOMAS BAKER

Official Reporter

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services, **Case No. 03-RC-281879**

Employer,

and

International Association of Machinists and Aerospace Workers,

Petitioner.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 24, 2021

Pages: 587 through 625

Volume: 4

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UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of: PATHWAY VET ALLIANCE, LLC, VETERINARY SPECIALISTS & EMERGENCY SERVICES, Employer, and INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, Petitioner.	Case No. 03-RC-281879

The above-entitled matter came on for hearing, via Zoom videoconference, pursuant to notice, before **MICHAEL DAHLHEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue Suite 630, Buffalo, New York 14202-2465, on **Friday, September 24, 2021, 9:32 a.m.**

A P P E A R A N C E S

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P R O C E E D I N G S

HEARING OFFICER DAHLHEIMER: When we last met, which was Monday the -- or Wednesday, the 22nd of September, the Union had rested their case.

The Employer may now present witnesses (audio interference) rebuttal. If the Employer would like to call their first witness.

MS. MASTRONY: Thank you. We are calling Christine West.

HEARING OFFICER DAHLHEIMER: Hi. Good morning. Please raise your right hand.

THE WITNESS: Good morning.

Whereupon,

CHRISTINE WEST

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Employer, please, it's your witness.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good morning, Chris. How are you?

A Good morning. Good. How are you?

Q Good. Can you just tell us by whom you are currently employed?

A Pathway Veterinary Alliance at Veterinary Specialists.

Q And what's your position with Pathway?

A Staffing and workload administrator.
Q How long have you been in that role?
A Just over two years.
Q Can -- can you speak to what that role entails?
A Scheduling and management of workflow for the entire emergency department, and then scheduling for the CSR department as well, as well as input and a little bit of oversight for the surgical, radiology, internal medicine, and ophthalmology departments.

HEARING OFFICER DAHLHEIMER: Okay. I'm going to hop in real quickly because I skipped right over something. I'm sorry to interrupt. Can you please state --

THE WITNESS: Do you need my name?

HEARING OFFICER DAHLHEIMER: Yes, if you could please --

THE WITNESS: And to spell it?

HEARING OFFICER DAHLHEIMER: -- state and spell your name for the record.

THE WITNESS: My name's Christine West; it's C-H-R-I-S-T-I-N-E, and West, W-E-S-T.

HEARING OFFICER DAHLHEIMER: Okay. Sorry about the interruption. Please proceed.

MS. MASTRONY: Okay.

Q BY MS. MASTRONY: Chris, can you just tell us your educational background?
A I have an Associates in Applied Science of Veterinarian

Technology and a bachelor's in biness -- business administration and technology management, and then a New York State licensure in veterinary technology.

Q Okay. So you would be an LVT?

A Yes, ma'am.

Q All right. So can you just tell us briefly your career experience prior to your current position?

A Sure. When I left -- or graduated with my veterinary technicians degree, I worked in a small general practice in Avon in reception and -- and teching for I think a little over a year or so, and then in September of 2008, I started at Veterinary Specialists as a licensed veterinary technician part time. When I graduated with my bachelor's degree, I started on full time; I worked in the position for -- as a regular veterinary technician for a number of years, then started as a team lead veterinary technician, but I moved after a year or so to an emergency supervisor. After a few years in that position, I took an internal medicine supervisor position, and then two years ago, I started as a staffing and workload administrator.

Q All right. So we've heard a lot of testimony about the holiday commitment that the employees have. Are you familiar with that?

A Yes.

Q All right. I'm just going to share my screen, show you

what we have marked as Employer's 81. Can you see that?
A Yeah, just making it bigger.
Q Oh, sure.
A Yep.
Q Here, I can make it bigger.
A No, it's just because it's on my phone.
Q Oh, okay. All right. And does this accurately reflect the holiday commitment for employees?
A That is the holiday commitment for general practice employees. And a little piece that's missing out of that is after 20 years of service, they're no longer required to do holidays anymore.
Q Okay.
A The -- the --
Q What's --
A -- commitment for Veterinary Specialist employees is three holidays if you're full time, and two holidays if you are part time.
Q All right. And to which type of employees does this apply?
A Hourly employees.
Q All right. And which positions?
A Our CSRs, LVTs, ACAs, coordinators. Our environmental services staff has a -- has a commitment as well.
Q All right. And does the commitment apply to supervisors

as well?
A Yes.
Q Okay. And do you do the scheduling for the holidays?
A Yes, I do.
Q All right. And is there any way for employees to fulfill the holiday commitment other than working at VSES?
A Yes, they can work at urgent care as well.
Q And where is urgent care located?
A They work out of Animal Hospital of Pittsford.
Q Okay. Is Sheila Casler the practice manager there?
A She is.
Q All right. And do you ever have to coordinate with her to schedule the holiday commitment?
A Yes.
Q All right. Can you just tell us how you go about scheduling the holiday commitment?
A First we schedule the staff that work at Veterinary Specialists; we assign them all of their holidays that -- to fulfill their commitment. Once all of their commitments are fulfilled in the schedule, we look to the general practices that are affiliated with us and have them fill out a survey telling me whether or not they worked Christmas last year, what their role is, if they're cross-trained in any other roles, and what their holiday preferences are.
With MVA we haven't had to fill a holiday schedule

previous -- or with Pathway -- MVA used to provide me a list of employees and it had their years of service, their roles with their home hospitals or -- and everything on it, and then I just picked people off the list, try to align with what they've filled on their survey for their wants for their holidays, and then plug them into the holes that we have in our holiday schedule.

Q All right. And do you assign these employees to certain positions at VSES when they are covering for the holidays?

A Yes.

Q And can you just explain that?

A There's four different roles that the emergency department has on the holiday; there's intermediate care, ICU, receiving, and then we have float positions. They can be plugged into -- into those roles just as the -- the staff that works here are.

Q Okay. And can you just tell us what intermediate care is?

A It's more of a stable patient care. A lot of post-operative cases -- vomiting, diarrhea that maybe isn't -- that isn't considered life-threatening at that time but needs supportive care.

Q Okay. For supervisors, are they put into any kind of special role, or are they just put into the same types of roles?

A So we do have floor supervisors on the holiday, and it is their job to, you know, supervise the floor, but they also work

on receiving while in that role. And they also can be assigned to regular job roles as well, so if -- if the floor supervisors' positions are all full for the year and they haven't fulfilled their holiday commitment, they'll be assigned to, you know, just a -- a regular role.

Q All right. And how do you determine where to place these employees when they are covering a shift here?

A Our -- our employees or general practice employees?

Q You can tell us both.

A Our employees -- I kind of try to keep them in line with where they were working that week. So if Christmas is in the middle of their week and they were scheduled in intermediate care all week, I try to keep them in line with what they're in so that they're not having to switch job roles in the middle of the week -- most of them don't like to do that. And then general practice, I fill in whatever holes I have on the schedule that -- it's usually intermediate care or receiving, and I try not to put them in ICU.

Q Okay. And why don't you put them in ICU?

A Our intensive care unit has -- requires training that it takes too much time to provide. Any New York State licensed technician can work into (sic) ICU, it just requires that we spend a lot of time on training just as we do our own staff. And we don't really have the time, and the general practices don't have the time to allow their staff to come over here for

that amount of training.

Q Okay. And are there any VSES employees that you don't schedule in the ICU?

A Yes.

Q All right. And why is that?

A They haven't been provided the training that they need in order to -- to be in that area.

Q All right. We had testimony the other day about training for the nonVSES employees who come over to cover the holiday shifts. Are you familiar with the training?

A Yes.

Q Okay. And who conducts the training?

A For the LVTs and ACAs, Pam Tavia (phonetic throughout) conducts the training. For the CSRs, Sarah Midden conducts the training.

Q All right. And did you have any input into the training for the LVTs and ACAs?

A Yep, Pam and I collaborated together. She kind of asked me what needed to be covered, and she developed a PowerPoint based on my recommendations. I gave her a pamphlet to be given to -- to all the employees that kind of has -- just outlines what the block system is, where things are, that kind of stuff -- areas to go over when they're in their training, and then I developed an -- an Instinct treatment sheet for Pam to go over with the staff during their training.

Q All right. So we talked about filling the holiday shifts, but do you ever have to fill open shifts that are not holidays?
A Yes.
Q All right. And in under what circumstances would you have to do that?
A It can be due to vacation, illness, or turnover.
Q Okay. And do you schedule those open shifts?
A I do schedule them. They're -- they're generated at the top of our regular schedule, which is a -- it's an electronic schedule that our employees have access to, as well as general practice employees that have asked for access, and the open shifts are at the top of the schedule for people to look at.
Q Okay. So how -- how do you cover those? Are the people volunteering or?
A People are volunteering. If it's a critical hold that I think can't stay there, I then will reach out and ask people. I ask our staff as well as a variety of general practice staff that enjoy picking up shifts here. If it's -- if it's super critical and I can't -- I can't seem to find anybody to fill it, I will reach out to the general practice LVT, ACA supervisors, sometimes the hospital managers, and ask if they have any volunteers.
Q All right. And what about for, like, a last minute -- you mentioned, like, illness callout. How do you schedule those?
A Those are cold calls, so we would basically go down a

phone list that we have and -- and try and see if we can get somebody to come in that's -- that's not doing anything that day. And then there's a -- a bonus associated with that, and if they were to accrue overtime, that would be part of their compensation as well. If I -- if we can't get anybody on a cold call, we would also then send an email to the hospital managers and supervisors of our general practices and ask if they have anybody to help.

This morning we actually had to do that. We had a -- a lot of CSRs call out this morning, and our hospital manager, Corey Hafler, reached out to the hospital managers, and we had a CSR sent over from Irondequoit Animal Hospital this morning who I am not sure has ever worked here before.

Q All right. Are you aware of how nonVSES LVTs and ACAs are utilized while covering shifts at VSES?

A Yeah. When they're -- dur -- you know, on a holiday, I work right alongside with them and frequently will -- when -- you know, assist at holiday, pick -- pick up a shift. It's frequent that I'd have to go over responsibilities with them. They're utilized just like they would be in their regular hospital. The ACAs are going to be doing patient care: obtaining vitals, feeding and walking dogs, holding for a technician, holding for a doctor. And then there's some hospital maintenance things that they might be doing too, like stocking, emptying garbages, doing dishes, that kind of thing.

LVTs would be doing all of that stuff as well, along with possibly doing general anesthesia or administering heavy sedation; they can take radiographs or administer medications, IV fluids, sub-Q fluids, et cetera.

Q All right. And are there certain things that you would not assign a nonVSES LVT to do?

A I wouldn't assign them to -- to take on a surgical case with our surgical department. All of the technicians and assistants that work for the surgery department -- the assistants, you know, don't require any licensure, but the -- the technicians require a normal New York State license. They also go through some extensive training that's provided by the surgery department that we obviously wouldn't be able to provide for them on short notice.

Q And are there VSES employees that you would not assign to the surgery department?

A Yes, there's a number of them that would not be assigned to a surgical case.

Q And -- and why is that?

A They haven't been provided the training that they'd need to do so.

Q All right. And when LVTs are there covering a shift for a holiday, would they ever assist with an emergency procedure?

A Yep, yeah, they're more than qualified to assist with emergency procedures as well. They can do pretty mu -- they

can do everything on our receiving board. They'll carry out doctor's orders like get blood work, place catheters; they can monitor general anesthesia for our doctors; they're heavy sedation, perhaps for unblocking a cat or a laceration repair.

Q Okay. I don't have any further questions. Thank you.

A Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Haller, would the Union care to cross-examine the witness?

MR. HALLER: Yes. Thank you.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. West, Bill Haller, counsel for the Union.

A Hi.

Q Good morning. You testified about reaching out when there's an open shift on a nonholiday, needs to get --

A Yep.

Q -- filled. Nobody's ever been mandated to come in to work from the general practices to work at VSES on one of those open shifts, have they?

A No.

Q Okay. That's all I have. Thank you.

MS. MASTRONY: I don't have --

HEARING OFFICER DAHLHEIMER: Okay.

MS. MASTRONY: I don't have any redirect.

HEARING OFFICER DAHLHEIMER: I thank you very much for

your testimony this morning, Ms. West. You're dismissed.

THE WITNESS: Thank you.

MS. MASTRONY: Thanks Chris.

THE WITNESS: Yep.

HEARING OFFICER DAHLHEIMER: Would the Employer please call their next witness?

MS. MASTRONY: Sure. We call Kathy Sercu.

HEARING OFFICER DAHLHEIMER: Hi. Good morning again.

MS. SERCU: Good morning.

HEARING OFFICER DAHLHEIMER: Please raise your right hand.

Whereupon,

KATHLEEN SERCU

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: All right. Can you please state and spell your name for the record again?

THE WITNESS: Kathleen Sercu, K-A-T-H-L-E-E-N S-E-R-C-U.

HEARING OFFICER DAHLHEIMER: Okay. Your witness, Employer.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good morning, Kathy. How are you?

A Good.

Q I know you already testified, but can you just remind us of -- of your current position?

A I'm currently employed by Pathway; and I'm practice manager for Perinton Veterinary Hospital; and I'm an LVT.
Q All right. And just also remind us of your career prior to coming to Perinton.
A Um-hum. I obtained my associates degree from Medaille College. I then got my licensure for New York State by taking the veterinary national exam. I have worked in small practice GP out in Brockport. I then did human society spay neuter in North Carolina, and I also was licensed in North Carolina during that time; then moved back and worked at Veterinary Specialists in animal emergency, primarily in their radiology department; then transitioned over to Perinton as their LVT supervisor; and then I transitioned into practice manager role here at Perinton.
Q All right. During your time at VSES, did you ever observe nonVSES LVTs covering shifts at VSES?
A Yes.
Q All right. What types of duties did they perform there?
A Whatever is needed, in essence. As you have cases come in, the doctors will assess the case; they'll help the doctors with whatever that particular cases needed. If it is sedation or anesthesia treatments, an IV catheter, CPR, intubation -- whatever is needed for that case and is appropriate.
Q All right. And are these functions that the LVT would also perform at Perinton?

A Yes.
Q All right. Is there any difference between, you know, their performing these functions at VSES as opposed to Perinton?
A No.
Q Okay. Are you familiar with imaging records or the Monroe Group hospitals?
A Yes. Due to my time in the radiology department, I worked very closely with the program, had advanced training and advanced techniques and credentials with the program.
Q All right. And what -- what's -- what's the program called that is used for the records?
A Um-hum. It's a PACS system. So it's a storage of the digital radiograph, ultrasound -- the patient records, in essence.
Q And are you able to view imaging records from another hospital when you're at VSES?
A Yep. VSES has capabilities of viewing all of the Monroe Group's radiographs.
Q All right. And what about your -- like, at Perinton? Are you able to view VSES imaging records?
A If a Perinton client is at VSES, they can view their -- their patients that are -- have images done at VSES. There's a demographic in the program that just has to have Perinton listed. It then also does fault to individuals credentials and

logins as to whom they can view. They -- we do have some individuals that work at Perinton that have an additional login credential that they can view all of Monroe Vet images, and it's a simple -- if you have access and credentials to change the demographic, you then can change that patient's demographic to be viewed by a different practice's PACS.

Q All right. We heard some testimony the other day about CRI. Could you tell us what that is?

A Um-hum. CRI is a constant rate infusion; it's delivering of medication. It could be anything from an antibiotic to a pain medication to anything of that nature. It's a constant rate, so it's given at a sustained rate over a period of time.

Q And is this something that an LVT would do?

A The order is given by the DVM as to what the medication is and via what route and what dosage and ov -- over what amount of time, but yes, the actual action is carried out by the LVT.

Q All right. Is CRI something that's done at VSES?

A Yes.

Q Is it also something done at Perinton?

A Yes. We do it on a very regular basis. All of our dog and cat spays and neuters have a ketamine CRI on them at all times; we do antibiotic CRIs; it's whatever the doctor has ordered, we will deliver it.

Q Okay. We -- we also heard testimony the other day about Sonosite machines. Can you tell us what that is?

A Um-hum. Sonosite machine -- it's an ultrasound machine; it's just the brand name of that particular machine.
Q All right. And does that machine exist at VSES?
A Yes, they have actually two of them on the floor.
Q Okay. And is it also at Perinton?
A Yes.
Q Do any of the other GPs have this machine?
A This is a primary unit that's in the majority of the Monroe Group, and then they do have other name brand units as well.
Q All right. Is there any difference between the -- a different type of ultrasound machine?
A They -- a ultrasound machine cre -- you know, obviously takes ultrasound, collects images. All of them can be sent to our PACS system that can be interchangeably shared and seen by VSES, and they all obtain diagnostic imaging.
Q Okay. We all heard testimony the other day about the restraints that are used by ACAs at VSES as compared to the GPs. Are you familiar with the restraints done by the ACAs at VSES?
A Yes.
Q And how are you familiar with that?
A From my time working there with the ACAs for many years.
Q All right. And do the restraints that the ACAs use at VSES differ in any way from the restraints that the ACAs use at

Perinton?

A No, we're going to approach the same type of patients, the same type of case in the same manner, and ultimately, the goal is that everyone is safe -- the patient is safe, say, for any employees so that they are not hurt or injured, and so the ultimate goal is to obtain whatever sample is needed or to treat that patient appropriately.

Q All right. And do the ACAs undergo any training from restraints?

A Yes, they'll not only have on the floor and specific training at the GPs or VSES, but we also have part of new hire training. They actually have restraint training from Pam Tavia that goes throughout the hospitals. So VSES new hires and GP new hires will be sent for the same training.

Q And is that all employees that have to do the restraint training or just the ACAs?

A The ACAs and LVTs will both go through the training. CSRs are not allowed to due to insurances.

Q Okay. All right. Are you aware of whether CPR training is given to employees at the Monroe Group hospitals?

A Yes. So Sarah Pavlina, right now, is in charge, but in the past, Katie Kosh has been in charge of CPR training. They develop a program; they have mannequins available to them; and then they have open training, many times, at the Duncan's Center that we can send employees to. But then also, they have

gone out into the GPs and done trainings, along with the individual GPs themselves will do in-house training with their own teams.

Q Okay. Is the CPR training required?

A It is offered multiple times throughout the year -- this past year is a bit of an exception -- so that they have it available to them to go.

Q Okay. Do -- I'm sorry.

MS. MASTRONY: Strike that.

Q BY MS. MASTRONY: Is the CPR training that's given the same for VSES employees as it is for GP employees?

A Yep, it is the same exact program; it's the same individual training them; it's the same mannequins that they bring.

Q All right. And have employees at Perinton ever had occasion to use CPR?

A Yes, unfortunately.

Q All right. How often would you say that occurs?

A Probably once or twice a month.

Q We heard some testimony the other day about endotracheal washes. Can you tell us what that is?

A Yep. So you're essentially putting a sterile liquid into the trachea to obtain samples out of the trachea. So you'll put the liquid in, and then pull the liquid back out hoping that it grabs either if it's bacteria or whatever you're trying

to obtain out of the trachea.
Q Okay. And is it the procedure that's done at VSES?
A Yes.
Q Is it also done at Perinton?
A Yes.
Q And do the LVTs play a role in this procedure?
A Yep, the LVT role would be the same no matter what location they're at. They carry out the doctor's orders if it's either sedation that they want, if it's anesthesia with intubation, whatever the doctor feels is appropriate for that case and for whatever their goal is to obtaining samples.
Q All right. And we also heard testimony about a cystostomy. Can you tell us what that is?
A Um-hum. Cystotomy is removal of bladder stones, so you're actually going through the abdomen, opening up the bladder, and removing stones out of the bladder.
Q All right. And -- and how is that procedure done?
A In -- it is -- you open up the abdomen, and then you will cut into the bladder, and then -- the DVM obviously does all that, and they will pull the stones out of the bladder through the abdomen, and then once they are all fully removed and everything's clear, then they will suture back up the bladder, suture back up the abdomen, and the patient will recover.
Q All right. Is this procedure done at VSES?
A Yes.

Q Is it also done at Perinton?
A Yes.
Q All right. And do the LVTs play a role in this procedure?
A Yes. Their role would be completely the same; it would be anesthesia. They'll carry out the doctor's orders as to which drugs and what dosages that they want to have the patient be given, and then they will carry out the anesthesia protocol that's given to them, and monitor the patient, assess any vitals throughout the procedure, and in conjunction with the DVM, assess the patient and do whatever is needed for that patient.
Q Okay. We also heard testimony about NG tube placement. Can you tell us what that is?
A Yep. It is a nasal gastric tube; so it's a tube that's placed in through the nose and ends up down into the stomach. It can be used for a multiple of reasons: for feeding the patient to give them nutrients, to remove fluid out of the stomach, to decompress air out of the stomach it could be used for.
Q All right. And is this a procedure that's done at VSES?
A Yes.
Q Is it ever done at Perinton?
A It can be done. That is based upon the DVMs comfort level and experience, but that is based upon that -- those things, it's just simply ordering the equipment and having it on hand,

which is very readily available to do.
Q And do the LVTs play a role in that procedure?
A Yes, they will carry out the doctor's orders if the doctor wants sedation for the patient for that to happen, anesthesia for the patient -- whatever they feel is appropriate, the LVTs will carry out those orders.
Q Okay. And is there any difference in their role in that procedure when performed at VSES as opposed to at Perinton?
A No.
Q And we also heard testimony about a PEG tube. Can you tell us what that is?
A Um-hum. It's actually a tube that's placed along through the abdomi -- through the abdominal wall, straight into the stomach; primarily (sic) function is to give nutrients to the patient through there.
Q All right. And is this a procedure that's done at VSES?
A Yes.
Q Is it also done at Perinton?
A It can be done, yes. Again, it's just the doctor; the -- the LVT doesn't actually place the PEG tube or anything like that, they will assist the doctor. So it's, again, the doctor's experience, comfort level, want, and need, and then ordering and having the equipment on hand.
Q All right. And do the LVTs play a role in this procedure?
A Yes, they will perform sedation, anesthesia, generally,

for this particular procedure but carry out the DVMs orders as to what their protocol is.

Q All right. And is there any difference between their role as (audio interference) when performed as VSES as opposed if they were performed at Perinton?

A No.

Q All right. We also heard some testimony about a program called Instinct. Can you tell us what that is?

A Um-hum. It's electronic treatment sheets. It's essentially instead of just having a paper in front of you, it's on the computer as a medical record.

Q All right. And is this program at VSES?

A Yes.

Q Do you know if it's at any of the GPs, including Perinton?

A No, it's not.

Q All right. And do you know if nonVSES employees use Instinct -- well, use the program when they fill in for shifts at VSES?

A Yes, they use it.

Q All right. And is there any training required for it?

A Yep, it's very minimal, only maybe ten minutes or so. It's a very user-friendly program.

Q Okay. I don't have any other questions. Thank you.

HEARING OFFICER DAHLHEIMER: Would the Union like to cross-examine the witness?

MR. HALLER: Sure. Thank you.

CROSS-EXAMINATION

Q BY MR. HALLER: Good morning again, Ms. Sercu.

A Good morning.

Q Glad you could join us. Maybe -- I don't know if you're glad or not, but here you are. Hope they've let you out of your car between the other day and today.

A Our building's in the middle of construction, so this is better to -- right now.

Q I know, I know, I was -- that was meant as a jockey remark. Okay, just a few questions. You testified about the -- the Sonosite machine.

A Yes.

Q The brand name of ultrasounds, right?

A Yes.

Q You testified that they have them at VSES, and they also have it at, I guess, the majority of the general practices?

A Yes.

Q Okay. They also have other kinds of ultrasound machines at VSES, don't they?

A They have other brands, yes.

Q And in addition to being other brands, some of these other brands provide higher quality images, don't they?

A They both give diagnostic images, yes.

Q Okay. Is it your testimony that the quality of

ultrasounds are exactly the same at the general practices as they are at VSES?

A With using the same comparative machine, yes.

Q But they've got better machines at VSES, don't they?

A They have more expensive machines, yes.

Q Okay. And in fact, patients are routinely referred from the general practices to VSES for the specific purpose of obtaining an ultrasound, aren't they?

A To VSES, yes, but there are also other practitioners in the area that they will refer to.

Q Because they need a higher quality resolution ultrasound than the general practice can provide; isn't that correct?

A That is not always the case; sometimes it's due to availability and time and urgency that the case needs it. Sometimes we will send patients to VSES because they may need also other specialty services along with ultrasound.

Q Okay. So there are specialty services that patients require that you need to send them to S -- VSES for; isn't that correct?

A Per their DVM, correct.

Q Yeah. In fact, Vetinary Specialty & Emergency Services (sic) is called that because it provides specialty services not generally available at the general practices; isn't that correct?

A Based upon their DVM credentials, yes.

Q Is it your testimony then that the -- the extra skill -- that the staff -- the staff skills are just no different at all between VSES and the general practices?

A Can you explain to me what you mean by staff?

Q Well, let's go through it. Let's talk about the LVTs. LVT skills are just no different at all between the general practices and the staff at VSES?

A LVT capabilities -- every LVT is licensed the same and their capabilities are the same.

Q Right, but we've -- we've just heard testimony that LVTs from the general practice are not assigned to surgery or ICU when -- when they do mandatory holiday shifts at VSES; isn't that correct?

A Can -- I'm sorry, can you repeat that question?

Q Okay. There was testimony earlier from an Employer witness that LVTs, when they're assigned for mandatory holiday shifts at VSES, are never assigned to surgery or ICU. Are you aware of that?

A Both the G -- both the GPs and VSES employees, yes.

Q (Audio interference) sure you answered the question. There was testimony earlier that general practice LVTs are not assigned to surgery or ICU at VSES.

A Yes.

Q That's correct?

A Yes.

Q Okay. Okay. You testified earlier about CPR training available, I think, several times here at the Duncan's Center; is that correct?

A Yes.

Q Is that mandatory training?

A No.

Q So you were asked a number of questions about various kinds of veterinary procedures that are performed at VSES and at the general practices.

MR. HALLER: Strike that question.

I have no further questions. Thank you.

HEARING OFFICER DAHLHEIMER: Do you have redirect for the witness?

MS. MASTRONY: I do not.

HEARING OFFICER DAHLHEIMER: Okay. Thank you very much for your testimony this morning, Ms. Sercu. You're dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Is the -- does the Employer have -- how any more witnesses?

MS. MASTRONY: We do not have any other witnesses.

HEARING OFFICER DAHLHEIMER: Oh, okay. Okay. So the -- the Employer rests on rebuttal?

MS. MASTRONY: Yes.

HEARING OFFICER DAHLHEIMER: Okay. We're going to go off the record briefly.

Mr. Baker, please let me know when we're off --

(Off the record at 10:12 a.m.)

HEARING OFFICER DAHLHEIMER: Is there any further evidence or testimony at this time?

MR. HALLER: Not for Petitioner.

HEARING OFFICER DAHLHEIMER: None for the --

MR. STANEVICH: Nothing for the Employer.

HEARING OFFICER DAHLHEIMER: Okay. Please -- we'll have the -- we'll have the Employer go first.

Please state your final position on the record regarding inclusions, exclusions, the appropriate unit, and if you could, please give me an approximate number of employees you believe to be in the approximate unit. Go ahead.

MR. STANEVICH: It is the Employer's position that all of the locations and positions that were identified in statement of position and attachment -- I believe Attachment A, Attachment B, and Attachment C would represent the most appropriate bargaining unit in this situation. There is a Board exhibit -- I'm sorry -- an Employer exhibit in evidence, Exhibit 46, that identifies there are approximately 440 employees in the unit sought by the Employer. Obviously, that -- that changes likely on a -- on a daily or weekly basis just due to the size of the popu -- employee population.

Did I -- did I cover everything?

HEARING OFFICER DAHLHEIMER: I believe so.

Mr. Haller, the Union's position, please.

MR. HALLER: Position for a unit remains appropriate.

HEARING OFFICER DAHLHEIMER: And the approximate number of employees in that unit is 146, as far as the Petitioner knows?

MR. HALLER: I -- I believe notice turned in by the Employer and the statement of position, 146 was the number.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, if the Employer's pos -- position prevails, does the Union wish to proceed to an election in the alternative unit?

MR. HALLER: It does.

HEARING OFFICER DAHLHEIMER: I'm now going to have the parties state their positions on type of election preferred, on date, time, and location of election, including da -- if there are better or worse days of the week for in-person balloting should that be ordered. And I'm also going to request the Employer please speak to which of its facilities would be able to meet Board standards for holding an election.

And I'll let the Employer go first again. Go ahead.

MR. STANEVICH: The Employer in this matter would seek a mail ballot election for various reasons, including the -- the current positivity rate for Monroe County, New York. Also, the Employer does have concerns with complying with Memorandum GC-20-10, specifically in terms of the spatial obligations that are set forth in that memorandum. There -- there is no concern at all with person -- providing personal protective equipment

or completing any of the certifications that are required, but due to space limitations and the fact that we are dealing with, I believe, 19 different locations here, it would be difficult to comply with those guidelines.

That being said, the -- there are two appro -- there are two locations that likely could provide a location for a manual election and that would be VSES and the Animal Hospital of Pittsford. In terms of times, if there is a -- a manual election ordered, we would propose 6 a.m. to 9 a.m., 12 p.m. to 2 p.m., and 4 p.m. to 7 p.m. at both of those locations. If a mail ballot election is ordered, we would request that the ballots be mailed three weeks from the date of the decision direction of election, and that the ballots be due back three weeks from -- from that point -- from date -- from date of mailing. In terms of an election -- in-person election, we would propose Friday as the day of the week.

And I just realized I did not get you the -- I did not obtain the payroll end date, but I -- I will get that momentarily for you, Michael.

HEARING OFFICER DAHLHEIMER: Okay, great.

Mr. Haller, the Union's position on type of election, time, date, and location of election.

MR. HALLER: Normally over course, we would strongly urge an on-site election given the pandemic conditions as we stated at the beginning. We are not gonna contest any determinations

made by the Region, so that means we wouldn't contest a mail ballot election if that's what the Region orders. Frankly, under current conditions, that may be the appropriate thing to do.

If a manual ballot election is ordered, I -- I think that they -- the details proposed by Mr. Stanevich would be acceptable to the Union.

HEARING OFFICER DAHLHEIMER: And dates for a -- for when a mail ballot should be sent out should a mail ballot election be ordered?

MR. HALLER: Three weeks from the date they're sent out; that sounds -- that sounds reasonable. I think that's what a lot of Regions are doing.

HEARING OFFICER DAHLHEIMER: Oh, and al -- and you're also in agreement with the Employer's position that they should be mailed to employees three weeks after the direction and decision of election?

MR. HALLER: So I'm not -- I'm not as conversive with the new rules since everything got changed. The Union -- or -- would request that this ha -- all happen as quickly as the rules allow.

HEARING OFFICER DAHLHEIMER: So the earliest practical date?

MR. HALLER: Earliest practical date, yes.

HEARING OFFICER DAHLHEIMER: Okay. Very good.

Should a mail bal -- or a manual election be ordered, do the parties stipulate that all parties and participants shall wear masks for the entirety of the voting and polling?

For the Employer?

MR. STANEVICH: The Employer would stipulate.

HEARING OFFICER DAHLHEIMER: For the Union?

MS. MASTRONY: Yeah, the Empl -- the -- the Union so stipulates.

HEARING OFFICER DAHLHEIMER: Okay. Are foreign language ballots or notices required?

For the Employer?

MR. STANEVICH: They are not.

HEARING OFFICER DAHLHEIMER: Does the Union agree?

MR. HALLER: We agree.

HEARING OFFICER DAHLHEIMER: Okay. Can the Employer please identify the notice of election on-site representative, including name, title, physical work address, phone number, email address, and fax in whatever order you can?

MR. STANEVICH: Sure, the on-site representative will be Allen Ibrisimovic, and I hope he's listening and understands. I -- I think I got his last name correct; it is spelled I-D-R-I-S-I-M-O-V-I-C-H (sic). Allen's title is senior people operations partner; his phone number is 585-71 -- 271-2733, extension 133; his fax number is 585-440-7086; physical address is 524 White Spruce Boulevard, Rochester, NY.

The -- also the last payroll end date was September 11th, and the Employer is on a two-week cycle, so the next payroll end date would be the 25th, and then two weeks from there.

HEARING OFFICER DAHLHEIMER: Mr. Ibrihimovi -- Ibris -- Ibrisimovic's email address, if you have it, please.

MR. STANEVICH: I do; it's allen -- A-L-L-E-N.I-B-R-I-S-M-O-V-I-C@pathwayvets.com.

HEARING OFFICER DAHLHEIMER: Does the Union wish to waive any of their ten days with the voter list?

MR. HALLER: We're willing to waive it all -- all ten days.

HEARING OFFICER DAHLHEIMER: Okay. Briefs are due five business days from today, which is September 31st -- or I'm sorry, October 1st. Wou -- would the parties -- there's -- okay. Do the parties have any positions or motions on that matter?

MR. STANEVICH: The Employer would request a one-week extension as outlined in an email to the Region and to Mr. Haller earlier this morning. The reason for the extension is due to the complexity of the issues in this proceeding, the number of witnesses, the number of employees, the number of locations. And -- and likewise, I did outline the specific pre-scheduled work obligations that myself and Ms. Mastrony have over the next week, so we are asking for a one-week -- just a one-week extension, which I believe brings us to Friday,

October 8th.

HEARING OFFICER DAHLHEIMER: Does the Union have a position on that matter?

MR. HALLER: Because of the Union's interested in moving this matter along as quickly as possible, the Union is opposed to that request.

HEARING OFFICER DAHLHEIMER: Okay. The Re -- the Region and the hearing officer grant the extension request to (audio interference) until October 8th -- Friday, October 8th, 2021.

Parties, you are reminded to request an expedited copy of the transcripts if you have not already done so. Failure to obtain an expedited copy will not be grounds for extension to file briefs.

Mr. Baker, do you have an approximate number of pages for the transcript?

THE COURT REPORTER: I can get that together and email it to you as soon as we get off the record.

HEARING OFFICER DAHLHEIMER: Okay. Very good.

Mr. Baker, are there any exhibits that you do not currently have in your possession that you know of?

THE COURT REPORTER: No.

HEARING OFFICER DAHLHEIMER: Okay.

All right. If there is nothing further, the hearing is closed.

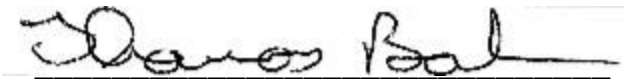
MR. STANEVICH: Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Baker, you can take us off the record.

(Whereupon, the hearing in the above-entitled matter was closed at 10:35 a.m.)

C E R T I F I C A T I O N

This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association of Machinists and Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 24, 2021, at 9:32 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.



THOMAS BAKER

Official Reporter